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ABSTRACT

This text/curriculum guide promotes responsible attitudes and behavior toward health, wellness, and sexuality. The student workbook and instructor's manual dispel commonly held misconceptions about sexually transmitted diseases (STD) and present accurate information on their danger and prevention. The instructor's manual presents the goals of STD education and offers suggestions for implementing an STD education program. A lesson plan is presented in the second chapter that utilizes five class periods. Chapter 3 presents 11 learning opportunities that provide suggestions for class activities. The final two chapters are comprised of test questions and answers to commonly asked STD questions. Lesson plans and additional worksheets are included. The student manual includes fact sheets and self-tests. (JD)

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STD*:

A GUIDE FOR TODAY'S YOUNG ADULTS

Instructor's Manual

*SEXUALLY TRANSMITTED DISEASES

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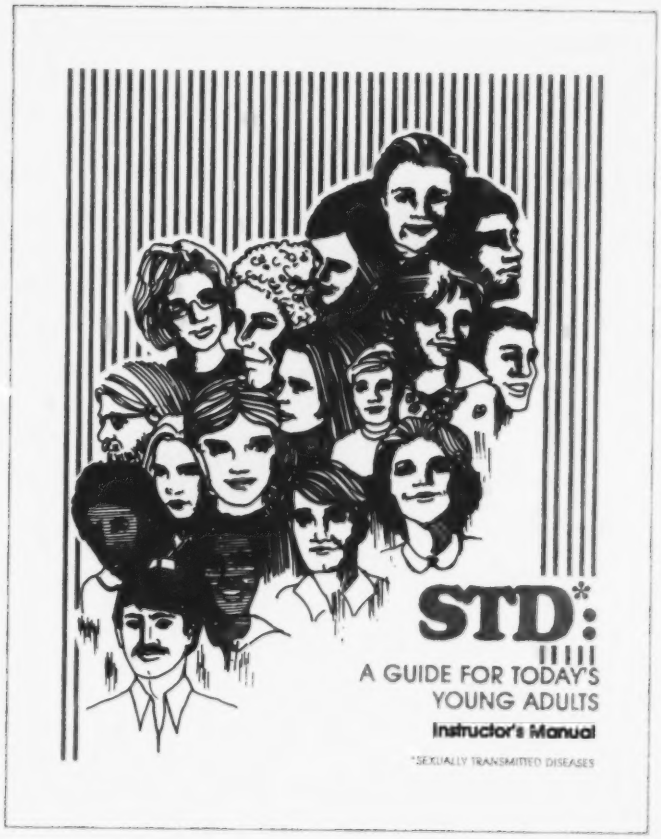

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To—
Sharon, Brooke, and Jessica

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W. L. Y.

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PREFACE

Sexually transmitted diseases (STD) are a major health problem in our country. About 85 percent of all STD, previously called venereal diseases, occur in persons between the ages of 15 and 30. STD cause serious damage to more teenagers than all other communicable diseases combined. They leave both physical and mental scars, as well as affecting thousands of babies each year.

Of the several strategies designed to combat STD, education is considered an effective force. Certainly the school can play a major role in the total educational process since no other aspect of life reaches all the young people that schools do. Nearly all of our young people will receive STD information if it is available in the school system. The challenge, as well as the goal, is to provide both quality and timely education.

This manual accompanies the student manual, *STD: A Guide for Today's Young Adults*. The manual begins by presenting the goals of STD education and suggestions for implementing an STD education program. A lesson plan is presented in Chapter 2 which utilizes five class periods. Chapter 3 presents eleven learning opportunities which provide suggestions for classroom activities based on the responsiveness of the students and the community. These learning opportunities reinforce the personal behaviors and attitudes emphasized in the student manual.

Test questions for each STD FACT are presented in Chapter 4. Answers to commonly asked STD questions follow in Chapter 5. Appendix A contains handouts which can be reproduced for students. Appendix B contains student worksheets for use with the learning activities.

Chapter 1

INTRODUCTION TO STD EDUCATION

Goals of STD Education

Sexually transmitted disease (STD) instruction, being one aspect of comprehensive health education, shares its common goal: the promotion of intelligent, self-directed behavior by the individual. That is, education about STD, like all types of health education, should prepare persons to act responsibly and to make decisions that will contribute to their health and well-being.

Expected Behavioral Outcomes

There are specific behavioral goals related to STD instruction. These goals deal with the prevention and disposition of STD. *In broad terms, STD instruction should prepare individuals for avoiding STD and responding to a potential or actual STD infection.* These two goals can be delineated more precisely as specific expected outcomes toward which education can be channeled. These outcomes, or objectives, are listed in the student manual of this curriculum. Following STD instruction, it is hoped the individual will:

- —PRACTICE a lifestyle that decreases the chances of getting an STD.
- —RECOGNIZE symptoms of an STD.
- —AVOID exposing others if an STD infection is diagnosed or suspected.
- —SEEK prompt medical care if an STD infection is suspected.
- —FOLLOW a physician's directions if treated for an STD.
- —GET all sex partners to medical care if one has an STD.
- —SERVE as a source of accurate information and advice on STD.
- —BE SUPPORTIVE and helpful to persons who get an STD.
- —PROMOTE STD education, research, and health care.

Learning Domains Approach

Each of the three standard learning domains (knowledge, attitude, and behavior) should be addressed in STD education. Only by encompassing all the domains is the instruction likely to accomplish the expected behavioral outcomes. This curriculum was developed to reflect this educational philosophy.

1. **Accurate and Relevant Knowledge.** Even though overcoming ignorance is an important goal of STD education, students should not be overwhelmed with irrelevant facts. Many previous STD curricula have emphasized the biomedical aspects of the diseases, like the details of symptoms, incubation periods, diagnosis and treatment, and disease consequences. But, students do not need to become medical experts about STD.*

   Education to increase knowledge should be directed toward providing information about the behaviors of avoiding and responding to an STD. Basically, STD education should inform persons about:

   - —how to keep from getting STD;
   - —how to recognize the symptoms of STD;
   - —what to do if one suspects an STD infection;
   - —where to get STD treatment;
   - —how to get a sex partner to treatment;
   - —what can be done to help stop the spread of STD.

2. **Attitudes Conducive to Health Promotion.** Attitudes play an important role in affecting an individual's behavior. This is particularly true

*For students having a particular need for biomedical details of STD, the Summary Charts of Important STD are included in the back of the student manual.

for STD. Negative social attitudes have been associated with STD such that persons who get an STD often feel shame, guilt, and fear. These attitudes hinder efforts to control STD since persons suspecting an STD may, for example, delay seeking medical help.

Education should deal with the social taboos and negative attitudes surrounding STD. Teaching strategies should include activities, such as small group discussions and values clarification exercises, that specifically address attitudes. Further, education should be directed toward student acceptance of certain components related to STD prevention:

- —acceptance of the possibility of acquiring an STD if one has different partners;
- —acceptance of using preventive measures if one engages in sexual behavior;
- —acceptance of responsibility to secure medical care if one suspects an STD infection;
- —acceptance of responsibility for others, including helping sex partners to obtain medical care.

3. **Behavioral Skills.** Besides addressing appropriate behaviors through cognitive and affective domain education, instruction should provide as much rehearsal as possible of STD preventive behaviors. Naturally, most of the specific expected outcomes previously mentioned cannot be practiced in the classroom. However, exercises involving related behaviors or simulation of behaviors can be conducted. For example, decision-making and problem-solving relative to STD situations can be practiced. Telling a sex partner that he or she has an STD and should seek medical care can be simulated in the classroom. Finding STD medical help using the local telephone book can also be done.

Guidelines for Implementing an STD Education Curriculum

Attention to instructor qualities, learning environment, and community traits can enhance the effectiveness of STD education. Before beginning STD instruction, the following areas should be addressed.

Teacher Characteristics

The ability of the person responsible for STD education is a key ingredient to the instruction's success. Particular professional competencies are desirable, many of which are indicative of the health educator. Consequently, not every teacher possesses the appropriate skills necessary to teach about STD.

Since STD relate to a private aspect of one's health, the teacher should be able to create a classroom atmosphere in which students feel "safe" in discussing the topic without fear of censorship or rejection. An open, relaxed class environment will enhance discussion of STD. Besides having knowledge of the major STD concepts, the teacher should be able to communicate with students about the topic with ease, sensitivity, tact, and in an objective, unbiased manner. Further, a teacher skilled in conducting such classroom activities as values clarification, large and small group discussions, and student projects, will probably be more successful. Teachers lacking the suggested traits, but desiring to teach about STD, might wish to increase their competencies through inservice education opportunities.

Placement of Curriculum

Ideally, STD education should be part of a comprehensive school health education program. It could be included in other related subjects, such as biology and home economics, as long as the teacher has the appropriate professional competencies and if the study of STD logically fits into that particular curriculum.

There have been varied views among experts as to whether STD education should be presented in the sex education or communicable disease unit of the health class. If the school has no formal sex education, STD education would logically fit into the communicable disease unit. No matter where it is placed, the goals of the STD curriculum would be the same.

Considering the early age of initial sexual intercourse and the STD rate of young people, STD education should be introduced before the students are faced with major sex-related decisions. Therefore, STD education should begin at late elementary school or early junior high school level. Subsequent instruction in later grades should involve a more sophisticated study of the subject.

It is most desirable that STD instruction be presented in coeducational classes. Discussions about health issues between females and males can enhance the skills of the sexes to communicate about important life issues. However, STD education in single sex classes can be successful and may be required in some circumstances.

Resources

Increasing one's knowledge of STD or simply keeping abreast of current developments can be a problem for the teacher. There are resources available to help the teacher in this task. First, health education professional journals* occasionally have articles about STD and list new textbooks, pamphlets, and teacher materials on STD. The American Social Health Association (260 Sheridan Avenue, Palo Alto, California 94306) produces inexpensive pamphlets (single copies free) about specific STD problems. STD information can also be obtained from local or state health departments or family planning clinics.

Community Involvement

Parents, as well as school officials and students, can provide valuable guidance and support for the STD program. Recent research indicates that a large majority of parents support school STD education. Nevertheless, soliciting community views toward the curriculum might be wise. Most often, community involvement leads to strong support as the STD problem and need for education become better understood. If controversy arises, procedures used by your school to resolve issues between the community and school should be utilized.

Features of This STD Education Curriculum

The instructional emphasis of the student manual is on personal preventive behaviors and related attitudes, which reflect the goals of STD education previously described. The material is divided into six sections, called STD FACTS, that discuss appropriate behaviors concerning STD transmission, avoiding STD, recognizing an STD infection, finding STD treatment, getting a partner to STD medical care, and stopping the spread of STD. Detailed biomedical information is not presented in the body of the text, but is included as appendixed material.

Students can be assigned to read the textbook without classroom discussion. However, class activities can enhance understanding of the important concepts. Knowledge and attitude questions in pretests assist in this process. The same questionnaires are presented as posttests for determining if the text affected knowledge and attitude. The important concepts of each STD FACT are reinforced at the end of the respective section by review questions and problem-solving situations.

The text is written to accommodate the reading level of the majority of the students for which it was designed. The reading level of the STD FACTS was tested to be at the junior high school level. To enhance student comprehension, key words are italicized when they first appear in the text, which indicates that the word is found in the pronouncing glossary.

The student manual includes other features as listed below.

—A form for placing local information concerning STD treatment and information sources is on the inside front cover. A copy of the form, which can be reproduced and given to students, is included in Appendix A.

—A summary sheet of major STD concepts is presented on the inside back cover. A copy of this sheet is included in Appendix A for duplication purposes.

—Brief descriptions of historical facts about STD are placed throughout the text to give students an appreciation of the past social and medical significance of STD and to increase interest while reading the text.

—Diagrams of the reproductive systems are given, with important structures identified and described.

*For example, *Health Education* (published by the American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Drive, Reston, Virginia 22091) and *Journal of School Health* (published by the American School Health Association, P.O. Box 708, Kent, Ohio 44240).

Overview of Student Manual STD Facts

This section is designed to assist the teacher in understanding the major focus and important content of each STD FACT in the student manual.

STD FACT #1—The STD Problem

STD FACT #1 serves as an introduction to the text by describing the STD problem and stressing the prevalence and health impact of STD, particularly on young people. The section describes: (1) the redefinition of the venereal diseases; (2) ten important STD; (3) the magnitude of the STD problem; (4) the physical and mental consequences of STD; (5) why STD are a serious problem. The section concludes by emphasizing that most STD can be cured before body damage occurs if treatment is early and proper, and that persons who get an STD need the help and support of others.

STD FACT #2—Avoiding STD

The major focus of STD FACT #2 is how STD can be avoided. The section begins with a brief review of the organisms that cause STD and continues by describing the ways STD are transmitted. Such topics as sexual lifestyle and acquiring an STD from an object or without having sex are included. Next, sexual abstinence and fidelity are discussed as preventive techniques. A review of preventive measures for persons with different partners follows, based on an acknowledgment that some young persons reading the manual will choose to participate in sexual activity with others. The use of a condom, careful selection of partners, washing and urinating after sex, and other preventive strategies are examined. The section concludes with suggestions for protected babies from STD.

STD FACT #3—Recognizing an STD Infection

STD FACT #3 emphasizes the recognition of possible disease infection by individuals at risk. It encourages the person participating in sex, especially if he or she has different partners, to be suspicious of disease by being alert to changes in the genitals and other parts of the body. The section suggests that the individual should not try to diagnose his/her own condition, but to promptly see a physician. A description of STD symptoms follows. The section does not attempt to describe specific symptoms of each disease, but has grouped the symptoms of all STD into five categories: (1) genital discharge; (2) abdominal pain; (3) painful urination; (4) skin changes; (5) itching. The possibility of having an STD without symptoms is discussed, with emphasis on the particular difficulty that females have in noticing symptoms. In conclusion, the section states that the individual suspecting an STD should promptly stop having sex, see a physician, and get the partner to treatment.

STD FACT #4—Seeking Treatment

The major focus of STD FACT #4 is to help the person suspecting an STD infection find medical treatment. The section begins by assuring the reader of treatment confidentiality by describing the STD minor treatment laws that permit persons under the age of 18 to receive STD care without parental permission. It continues by discussing the types of clinics and medical facilities that provide STD treatment and how to locate an STD clinic in a telephone book. The VD National Hotline telephone number is provided as a source for locating STD clinics and acquiring STD information. The section tries to alleviate the anxiety of obtaining STD treatment by describing various aspects of the treatment experience. Behaviors that a person should exhibit following an STD diagnosis, e.g., following the physician's directions, are emphasized.

STD FACT #5—Getting Partners to Treatment

The section begins by stressing that the individual with an STD has a responsibility for getting a sex partner to treatment as soon as possible. Three reasons why a sex partner needs to seek medical care are presented. The remaining discussion suggests ways of getting a partner to a doctor. The function of the STD case specialist in notifying the partner is described.

STD FACT #6—Stopping the Spread of STD

STD FACT #6 is a summary of the previous STD FACTS. It stresses that an individual can do much to help stop the spread of STD. The section also emphasizes the importance of being informed about STD and suggests sources for obtaining STD information. The ways an individual can promote STD education and treatment programs in one's own community are explained. In conclusion, the section restates the major importance of individual actions in reducing the seriousness of the STD problem.

Chapter 2

SUGGESTED LESSON PLAN

The unit is designed for five class sessions, or about 250 minutes. The plan incorporates learning opportunities (LO) with sections of the student manual. The activities are listed in a suggested sequence, with the exact manner in which they should be completed being left to the discretion of the teacher. Teachers are encouraged to use class discussion rather than lecture as the primary instructional strategy.

The amount of discussion time utilized for each activity and the choice of LO and optional activities should be based on the grade level and maturity of students. More class time will be available for discussion and completion of LO if students read the STD FACTS and do the end-of-chapter exercises as homework assignments.

Directions for completing each LO are found in Chapter 3.

Day 1

1. Read Introduction and Objectives
2. (Optional) Self-Test I
3. STD FACT #1: Discussion of Check-Up, What Do You Think?, and Life Situation
4. (Optional) STD Through the Ages—Nos. 1 and 2
5. Assignment: LO 3—for Day 3
   LO 4—for Day 5

Day 2

1. LO 1 or LO 2
2. STD FACT #2: Discussion of Check-Up, What Do You Think?, and Life Situation
3. (Optional) STD Through the Ages—Nos. 3 and 4
4. STD FACT #3: Discussion of Check-Up, What Do You Think?, and Life Situation

Day 3

1. (Optional) STD Through the Ages—Nos. 5 and 6
2. STD FACT #4: Discussion of Check-Up, What Do You Think?, and Life Situation
3. LO 3
4. STD FACT #5: Discussion of Check-Up, What Do You Think?, and Life Situation

Day 4

1. LO 5
2. LO 6 or LO 7
3. STD FACT #6: Discussion of Check-Up, What Do You Think?, and Life Situation
4. (Optional) STD Through the Ages—Nos. 7 and 8

Day 5

1. LO 4
2. LO 8 or LO 9
3. LO 10 or LO 11
4. (Optional) Self-Test II
5. Read STD Summary Sheet

Chapter 3

LEARNING OPPORTUNITIES

This chapter provides a variety of learning opportunities (LO) designed to reinforce material in the student manual. Twelve different LO are presented to account for the different levels of individual maturity and academic sophistication of students from early junior high school to late high school. Some LO require the use of worksheets, which are located in Appendix B.

The LO follow the basic emphasis of the student manual, in that personal behaviors related to STD are stressed in contrast to biomedical information. The LO are action-oriented and involve the knowledge, attitude, and skill domains. The strong emphasis on student involvement follows a belief that students will learn more about the appropriate STD behaviors through active participation than by more passive strategies. Such information as purpose, objectives, and utilization strategies are furnished for each activity. When appropriate, desired answers are provided.

Activities involving decision-making, communication strategies, examining values, and problem-solving are included in the LO. The LO dealing with decision-making and problem-solving provide valuable rehearsal in acquiring the skills necessary to achieve and maintain a healthy lifestyle. The emphasis on attitudes attempts to address the role of feelings and values in avoiding STD and reacting to an STD infection. Some LO have a more pragmatic application, such as finding STD help in one's own community and talking about an STD with a sex partner.

To assure maximum effectiveness of the LO, the teacher should become thoroughly familiar with each LO, particularly the utilization suggestions. He or she must decide which LO will be given as homework assignments and which will be completed only in class. Further, the teacher must plan ahead in providing needed materials, e.g., worksheets for each LO.

Index of Learning Opportunities

Number		*Page*
1	SPREAD OF STD OPINION Students indicate their views toward an STD-related issue by choosing a point along a line representing a continuum of attitudes toward the issue.	8
2	UNFINISHED STD SENTENCES Students indicate their views toward STD-related issues by completing unfinished sentences.	9
3	FINDING STD HELP IN THE TELEPHONE BOOK Students, using the local telephone book, complete a form in which the telephone numbers of STD treatment sources in the community are identified.	9
4	SELECTING STD TREATMENT SITES Students investigate the various STD treatment sources in the community, completing a form which addresses specific criteria for source selection.	10
5	TELLING A PARTNER ABOUT AN STD INFECTION Students create a communication model for informing a sex partner of a possible STD infection and practice using the model with another student.	11
6	UNCLE BILL'S ADVICE COLUMN Students, pretending they are Uncle Bill, suggest a solution to problems presented in letters sent to his column.	12
7	STD PROBLEM SITUATIONS Students solve specific STD problems by providing information for each step of a decision-making sequence.	15
8	STD RANK-ORDERING Students indicate their views toward STD-related issues by rank-ordering various opinions.	19
9	NO WAY TO JOSE Students indicate their values toward an STD issue by rank-ordering the characters involved in an STD-related story.	20
10	STD BASKETBALL Students, divided into two "basketball" teams, compete to score the most points by correctly recalling information from the STD FACTS.	21
11	SOLUTIONS TO THE STD PROBLEM Using the Nominal Group Process, students identify the causes of the STD problem and create solutions to priority causes.	27

LEARNING OPPORTUNITY 1

Spread of STD Opinion

Purpose

To assist students in examining their attitudes toward STD-related issues.

Objective

The student will indicate his or her viewpoint concerning situations related to STD.

Materials

Worksheet 1
Pencil

Time

15-30 minutes

Utilization

A. *Suggestions for all attitude-related activities (LO 1, 2, 8, and 9).* The teacher should use discretion in choosing any of the attitude learning opportunities, based on school and community views toward class activities dealing with personal attitudes and values. If any are used, the teacher should follow the standard instructional strategies for values exercises.
   1. Student participation should be voluntary, and the choice of whether or not to participate should be unrelated to the student's class grade.
   2. Names should not be placed on the worksheets to ensure anonymity.
   3. No student should be required to share his or her views with others.
   4. Any views expressed should not be labeled as "right" or "wrong" by the teacher. Discussion should examine values that enhance STD control.
   5. The activity should be suited to the particular group of students. (For example, are the students mature enough to handle this activity? Is there sufficient trust within the classroom for open discussion?)

B. *Specific suggestions for this LO.*
   1. Each student should be given Worksheet 1. The student is to indicate his or her views concerning each item and why the position was taken (optional). The teacher must decide and subsequently *inform* students if the "why" part of each item should be completed.
   2. The teacher may choose to have a small group and/or entire class discussion following the completion of the items, respecting the right of each student not to share his or her views. Or, the teacher may decide not to have any class discussion, but allow time for individual student reflection.
   3. To get a clearer understanding of the overall class view toward the items, the teacher *might* do one of two things:
      a. Have students express their position by standing along a real or imaginary line on the classroom floor. The ends of the line would represent the extreme views, with a neutral stance being in the middle. (*Caution:* The teacher must be prudent in choosing the activity since it involves public disclosure of views. Students should be given the option, without penalty, of not participating. Further, some of the items may be better suited for this option than others.)

b. Collect the worksheets and summarize the views, followed with class discussion of the results. (*Caution:* Collecting papers may keep students from being honest in responding and might be construed as an invasion of privacy. The activity may be suited for some classes and unsuited for others. If papers are collected, the students should be informed that the sheets will be gathered and that their names should not appear on them.)

LEARNING OPPORTUNITY 2

Unfinished STD Sentences

Purpose

To assist students in examining their attitudes toward STD-related issues.

Objective

The student will indicate his or her viewpoint concerning situations related to STD.

Materials

Worksheet 2
Pencil

Time

10-20 minutes

Utilization

A. The use of this activity follows the same suggestions given for all attitude activities presented in the Utilization section of LO 1. Be sure to read those suggestions. Of particular importance are community views toward values-related activities, voluntary and anonymous participation of the student, and the maturity level of the class.

B. Each student should be given Worksheet 2. After reading the first part of the unfinished sentence, the student is to write in what he or she thinks would complete each sentence.

C. The teacher may choose to have a small group and/or entire class discussion following the completion of the items, respecting the right of each student not to share his or her views. Or, the teacher may decide not to have any class discussions, but permit time for individual student reflection.

D. To get a clearer understanding of the overall class view toward the items, the teacher *might* collect the worksheets and summarize the views. The results could be discussed with the entire class. (*Caution:* Collecting papers may keep students from being honest in responding and might be construed as an invasion of privacy. The activity may be suited for some classes and unsuited for others. If papers are collected, the students should be informed that the sheets will be gathered and that their names should not appear on them.)

LEARNING OPPORTUNITY 3

Finding STD Help in the Telephone Book

Purpose

To provide an opportunity for students to rehearse locating STD help using the local telephone book.

Objective

Students will identify the telephone number for the STD/VD clinic or health department, a crisis telephone hotline, or an appropriate physician in their community.

Materials

Worksheet 3

Local telephone book

Pencil

Time Utilization

A. The teacher should provide a copy of Worksheet 3 for each student, followed with a description of how to complete it.

B. The activity is to be completed by the individual student answering the questions on the worksheet.

C. Once the exercise is completed, it should be discussed in class. The teacher should have a telephone book in the classroom to illustrate the technique and to verify the answers, and for use by students who do not have access to a telephone book.

D. If no STD clinic is listed anywhere in the telephone book, the teacher (or assigned student) should call the health department, any local crisis hotline, and the VD National Hotline to locate the suggested STD treatment source(s).

E. The information gathered through this exercise can be used to complete the treatment source form found on the inside front cover of the student manual. A copy of this form is provided in the handouts section (Appendix A) for teachers desiring that students not write in the textbook.

LEARNING OPPORTUNITY 4

Selecting STD Treatment Sites

Purpose

To assist students in selecting the best STD treatment facility based on their own needs and local situation.

Objective

After identifying treatment facilities and collecting information about each, the student will indicate his or her first choice for an STD treatment site.

Materials

Worksheet 4

Information from LO 3

Telephone and/or transportation to each STD treatment facility

Time

15-20 minutes of class time for discussion of findings

Utilization

A. The activity should be done after completion of LO 3, Finding STD Help in the Telephone Book.

B. The teacher should provide a copy of Worksheet 4 to each student.

C. The teacher may wish to have a small group of students do the research required to answer the criteria questions. Students may need assistance in selecting the treatment sites.

D. The investigating team can probably research only the STD clinic, the family planning clinic, and a local hospital. The individual student would need to complete the information for a chosen private physician.

E. It would be advantageous for the research team to visit the facilities, although most of the information can be obtained by telephone. Visitation would assist in answering some of the questions. Each student must determine the distance of the facility from his or her residence.

F. The investigating team should report the findings to the class, with the other students filling in the information on their worksheets.

G. Following the completion of the form, students should determine their first choice for STD treatment. The teacher should encourage students to keep the worksheet.

H. Information gathered through this exercise can be used to complete the treatment source form found on the inside front cover of the student manual. A copy of this form is provided in the Handout section (Appendix A).

I. (Optional.) The research team could get a map of the community and mark the location of the treatment sites. The map could then be posted in the classroom and the school nurse's office or on a bulletin board with the STD Summary Sheet and the worksheet for this LO. If possible, copies of the map should be given to each student.

LEARNING OPPORTUNITY 5

Telling a Partner about an STD Infection

Purpose

To provide students with:

1. Models for informing a sex partner that he or she might have an STD and encouraging the partner to seek prompt medical care.
2. Practice in conversing with another person about an STD infection.

Objectives

The student will:

1. Create examples of ways a sex partner can be told of an STD infection.
2. Name the best circumstance under which a young person notifies a sex partner about an STD infection.
3. Demonstrate an ability to talk with another person about an STD infection.

Materials

Worksheet 5
Pencil

Time

30 minutes

Utilization

A. The teacher should provide a copy of Worksheet 5 for each student, followed with a description of how to complete it.

B. The answers to Parts A, B, and C should be discussed in class, followed with students completing Part D.

C. After Part D is finished, the teacher might ask some students to demonstrate their dialogue in front of the entire class.

LEARNING OPPORTUNITY 6

Uncle Bill's Advice Column

Purpose

To provide rehearsal in solving STD-related problems.

Objectives

The student will describe the solution to a situation concerning:

1. Avoiding STD (Letter 1).
2. Avoiding unwanted sexual behavior (Letter 2).
3. Recognizing an STD infection (Letters 3 and 4).
4. Getting a sexual partner to STD medical care (Letter 5).

Materials

Worksheet 6
Student manual
Paper and pencil

Time

10-15 minutes per letter

Utilization

A. The teacher should provide a copy of Worksheet 6 to each student, followed with a description of the activity purpose and strategy for completion.

B. The activity can be completed by an individual or a small group of students. The latter may be more advisable since verbal interaction amplifies learning.

C. The student should provide a solution to the situation on his or her own paper.

Correct Answers

Suggested responses are given below for each letter. Students' answers do not need to match the suggested responses word for word to be considered correct. Space for adding other possible answers that emerge during use of the activity is provided.

LETTER 1

Dear Uncle Bill:

I've been dating a girl for two months. Sometimes we have sex. I think that my girlfriend might be having sex with other guys, but I'm not sure. I'm afraid that she might get an STD and then give it to me. I sure don't want an STD. What should I do?

Worried Willie

Dear Worried Willie:

The surest way you can avoid getting an STD is to stop having sex with your girlfriend. If you don't want to do that, you should try to talk to her about your concern. You should inform her about STD prevention techniques like the condom and limiting the number of sex partners. Also tell her about STD symptoms, and that many women with an STD don't have any symptoms. Suggest that she should have regular STD check-ups if she has other partners. If you think she will continue being active with others, you can, as suggested earlier, stop having sex with her, or you can use preventive techniques like the condom.

Uncle Bill

LETTER 2

Dear Uncle Bill:

James and I have been dating for about a month, and he has been pressuring me to have sexual intercourse. He says that he loves me and that if I loved him I would want to have sex too. Even though I really like him, I don't feel that I am ready for intercourse. Besides, I don't want to take a chance of getting an STD or becoming pregnant. I'm not sure if he has other girlfriends. How can I say no to him so that he won't drop me?

Not-Ready Nancy

Dear Not-Ready Nancy:

Tell him that even though you really like him and want to continue dating, you don't want to have sex. Explain to him that intercourse is never a way to prove one's love for someone else. Continue by stating that if he really loved you, he wouldn't push you into something you don't want to do. Emphasize that a dating couple can have a good relationship without having sex. If he cannot accept your position, then possibly he is not the type of person you want to be dating.

Uncle Bill

LETTER 3

Dear Uncle Bill:

I've been having sex with some different people. Lately, I've started to worry about getting an STD. If I ever get an STD, I want to know right away. How will I know if I get one?

Concerned Chris

Dear Concerned Chris:

Since you have sex with different people, you have a greater chance of getting an STD than if you had just one or no partners. The symptoms of an STD include genital discharge, abdominal pain, painful urination, skin changes, and itching. The main thing for you to do is pay close attention to your body, particularly the genitals, for STD symptoms. If any of them appear, you should go to a doctor immediately. Certainly you should seek medical care if a sex partner gets an STD. Lastly, you can reduce your chances of getting an STD by decreasing the number of sex partners and by using a condom during sex.

Uncle Bill

LETTER 4

Dear Uncle Bill:

David and I have been dating, and recently he noticed some pus from his penis. He found out from a doctor that he has gonorrhea. He thinks that I gave it to him since he says he's been faithful to me. I've had sex with other guys, but I don't have any STD symptoms. He has asked me to see a doctor. But I don't want to. Wouldn't I have symptoms by now if I had an STD since David has already shown symptoms?

Signless Susie

Dear Signless Susie:

No, you might not have any symptoms if you are infected. Many women who get an STD don't have any symptoms. It's highly possible that you have an STD if David did. And if he's been faithful to you, then it's nearly certain you are infected and that you gave it to him. You should see a doctor immediately, so the possible STD can be treated before permanent health damage occurs. Don't have sex until you're cured. And, be sure to tell your sex partners that they probably have been exposed to an STD.

Uncle Bill

P.S. Thank David for telling you about his infection.

LETTER 5

Dear Uncle Bill:

I just learned from an STD clinic that I've got an STD. I want my boyfriend to see a doctor, too. But I'm afraid that he'll get very upset if I tell him that he might have an STD. What should I do?

Scared Sharon

Dear Scared Sharon:

If you are afraid of talking with your boyfriend about your STD, ask your doctor or a person at the clinic to inform him. An STD case specialist will then be assigned to talk with him. Case specialists are skilled at informing sex partners. They talk privately with the partner without scolding, or using your name. You will be doing a good thing in helping to get your partner to treatment. It will probably help keep him from getting sick or from passing on the STD.

Uncle Bill

LEARNING OPPORTUNITY 7

STD Problem Situations

Purpose

To facilitate student understanding of how STD-related problems are solved and to provide rehearsal in solving specific problems, using the basic steps in decision-making.

Objectives

The student will describe the problem, the important facts, the possible actions, and the best solution to a situation dealing with:

1. Avoiding STD (Problem Situation 1).
2. Responding to the recognition of an STD infection (Problem Situation 2).
3. Finding STD medical help (Problem Situation 3).
4. STD tests (Advanced Problem Situation 1).
5. Getting a partner to STD treatment (Advanced Problem Situation 2).

Materials

Worksheet 7-A (description of problem situations)
Worksheet 7-B (form for solving problems)
Student manual
Pencil

Time

15 minutes per problem

Utilization

A. The teacher should provide a copy of both Worksheets 7-A and 7-B for each student, followed with a description of the exercise's purpose and instructions for its completion.

B. The student should provide the information requested on Worksheet 7-B concerning the situation(s) described on Worksheet 7-A.

C. The activity can be completed by an individual or small groups of students.

D. Problem Situations 1-3 involve fundamental concepts which can be successfully completed by all students at any grade level for which the curriculum is designed. The Advanced Problem Situations are more complex and may be better suited for advanced students.

Correct Answers

The most desirable answers are given after each question of the problem solving process. Students' answers do not need to match the suggested responses word for word to be considered correct. Space for adding other possible answers that emerge during use of the activity is provided.

Problem Situation 1

Problem: Tom and Pat began dating recently. Both have heard about the serious health problems STD can cause. They agree that they don't want to get an STD.

1. What is THE PROBLEM?
   - How Tom and Pat can avoid STD.
   - _____
2. What are THE IMPORTANT FACTS about the situation?
   - Tom and Pat are dating. Their sexual activity, if any, is unknown.
   - Both want to avoid STD.
   - Their knowledge about STD is not known.
   - STD are typically passed from person to person during sexual behavior.
   - _____ .
3. What are THE POSSIBLE ACTIONS?
   - Tom and Pat can abstain from sexual behavior.
   - Tom and Pat can have sex, but only with each other.
   - Tom and Pat can have sex together and with others, being sure to use STD preventive measures.
   - _____ .
4. What is THE BEST SOLUTION?
   - The safest solution is for Tom and Pat to abstain from sexual activity. If they decide to have sex, they should limit their activity to each other only.
   - _____ .

Problem Situation 2

Problem: Beverly has been having sex with several people. Yesterday she began noticing the symptoms of an STD. She wonders what she should do.

1. What is THE PROBLEM?
   - Beverly thinks she has an STD and doesn't know what to do.
   - _____ .
2. What are THE IMPORTANT FACTS about the situation?
   - Beverly is at high risk of getting an STD since she has sex with different partners.
   - Beverly may have an STD, as indicated by the symptoms.
   - _____ .

3. What are THE POSSIBLE ACTIONS?
   - Beverly can wait to see if the symptoms go away. If they do, she might believe that she doesn't need to see a doctor.
   - Beverly can pretend that the symptoms aren't those of an STD and continue having sex.
   - Beverly can get drugs from a friend to cure the disease.
   - Beverly can stop having sex, go to a doctor, and get her partner(s) to a doctor or clinic.
   - _____ .

4. What is THE BEST SOLUTION?
   - Beverly should stop having sex, go to a doctor and get her partner(s) to a doctor or clinic.
   - _____ .

Problem Situation 3

Problem: Charley thinks he has an STD. He wants to go to a clinic that specializes in treating STD. But he can't find an STD/VD clinic listed in the white pages of his telephone book.

1. What is THE PROBLEM?
   - How Charley can find STD medical care.
   - _____ .

2. What are THE IMPORTANT FACTS about the situation?
   - Charley thinks he has an STD and wants to go to an STD clinic.
   - An STD/VD clinic is not listed in the white pages of the telephone book.
   - There are other ways of finding STD help, even in a telephone book that doesn't list STD/VD clinics in the white pages.
   - _____ .

3. What are THE POSSIBLE ACTIONS?
   - Charley can change his mind about going to an STD clinic and go to a private doctor or family planning clinic instead.
   - Charley can ask a treated friend for the location of an STD clinic.
   - Charley can find the health department listing in the telephone book and call it for information.
   - Charley can call the VD National Hotline and ask for the nearest STD clinic.
   - _____ .

4. What is THE BEST SOLUTION?
   - He could call the VD National Hotline or the local health department, which is usually listed in the government pages.
   - If there is no clinic nearby, he could see a private doctor or go to a family planning clinic.
   - _____ .

Advanced Problem Situation 1

Problem: Delores had sex with someone she doesn't know very well. Recently, the sex partner told her that he has gonorrhea. She starts worrying about it, even though she has no symptoms. Delores is a little embarrassed about telling anyone about it, since it means she has had sex. When she goes to the doctor, she asks for a regular physical examination, saying she needs it for sports. The doctor says that she is in good condition.

1. What is THE PROBLEM?
   - Delores could still have an STD, since she didn't get STD tests.
   - _____ .
2. What are THE IMPORTANT FACTS about the situation?
   - Delores may have gonorrhea, even though she has no symptoms. Many women with gonorrhea do not have symptoms.
   - Delores was not specifically tested for gonorrhea since she didn't ask for STD tests. A general physical examination usually doesn't disclose an STD, unless the signs are obvious.
   - _____ .
3. What are THE POSSIBLE ACTIONS?
   - Delores could choose not have any tests at this time.
   - Delores could go back to the doctor if she develops symptoms and specifically ask for STD tests.
   - Delores could ignore the symptoms of gonorrhea and see if they develop later.
   - Delores could talk to the sex partner, or someone she trusts, about her examination. Maybe the person would discover that Delores needs STD tests.
   - _____ .
4. What is THE BEST SOLUTION?
   - Delores should return to her doctor or go to an STD clinic. She should tell the doctor that her sex partner had gonorrhea and ask for a gonorrhea test.
   - _____ .

Advanced Problem Situation 2

Problem: Carlos develops symptoms of an STD. He decides to go to an STD clinic. He's diagnosed as having an STD. Carlos wants his sex partner to get treatment too. But he doesn't know her name or where she lives. He doesn't know what to do.

1. What is THE PROBLEM?
   - Finding Carlos' sex partner.
   - _____ .

2. What are THE IMPORTANT FACTS about the situation?
   - Carlos has an STD that he gave to, or got from, his sex partner.
   - Carlos doesn't know the name and address of the sex partner.
   - The partner needs to see a doctor for tests. She could have an STD and be passing it on or could become very ill.
   - STD case specialists are trained to find sex partners whose names are not known.
   - _____ .

3. What are THE POSSIBLE ACTIONS?
   - Carlos could do nothing, hoping his partner doesn't have the disease.
   - Carlos could go to the place where he met his partner to try to find her.
   - Carlos could ask the STD case specialist to try to locate her.
   - _____ .

4. What is THE BEST SOLUTION?
   - Carlos should ask the STD case specialist to try to locate her. Carlos should also go to the place where he met his partner and try to find her.
   - _____ .

LEARNING OPPORTUNITY 8

STD Rank-Ordering

Purpose

To assist students in examining their attitudes toward STD-related issues.

Objective

The student will indicate his or her viewpoint concerning situations related to STD.

Materials

Worksheet 8
Pencil

Time

15-30 minutes

Utilization

A. The use of this activity follows the same suggestions given for all attitude activities presented in the Utilization section of LO 1. Be sure to read these suggestions. Of particular importance are community views toward values-related activities, voluntary and anonymous participation of the student, and the maturity level of the class.

B. Each student should be given Worksheet 8. The student is to rank the answers in order with "1" being the

first choice, "2" being the middle choice, and "3" being the least desired answer. As an optional activity, the teacher might choose to have students explain why they chose their answers. (The teacher must *inform* the students if they are to complete the "why" section for each activity.)

C. The teacher may choose to have a small group and/or entire class discussion following the completion of the items, respecting the right of each student not to share his or her views. Or, the teacher may decide not to have any class discussion, but allow time for individual student reflection.

D. To get a clearer understanding of the entire class' view toward the items, the teacher *might* do one of two things:

   1. Collect the worksheets and summarize the views, followed with class discussion of the results. (*Caution:* Collecting papers may keep students from being honest in responding and might be construed as an invasion of privacy. The activity may be suited for some classes and unsuited for others. If papers are collected, the students should be informed that the sheets will be gathered and that their names should not appear on them.)

   2. Have students raise their hands when each answer is stated by the teacher. (*Caution:* The teacher should use discretion in doing this activity since it involves public disclosure of views. Students should be given the option, without penalty, of not participating.)

LEARNING OPPORTUNITY 9

No Way to Jose*

Purpose

To assist students in examining their attitudes toward STD-related issues.

Objectives

The student will rank in order the characters in a story dealing with STD and name a positive and negative trait of each character.

Materials

Worksheet 9

Pencil

Time

15-20 minutes

Utilization

A. The use of this activity follows the same suggestions given for all attitude activities presented in the Utilization section of LO 1. Be sure to read those suggestions. Of particular importance are community views toward values-related activities, voluntary and anonymous participation of the student, and the maturity level of the class.

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*Adapted from the "Alligator River Story" in Simon, Sidney B.; Howe, Leland; and Kirschenbaum, Howard. *Values Clarification: A Handbook of Practical Strategies for Teachers and Students.* New York: Hart Publishing Company, 1972.

B. Each student should be given Worksheet 9. The student is to rank in order (from best to worst) the characters involved in an STD-related story. Tell students not to be bothered if some parts of the story seem unrealistic. They should complete the directions anyway.

C. The students should be instructed to list one positive and one negative trait of each character in the story.

D. The teacher may choose to have a small group and/or entire class discussion following the ranking by the students, respecting the right of each student not to share his or her views.

LEARNING OPPORTUNITY 10

STD Basketball

Purpose

To enhance student learning of STD-related facts and/or to serve as a review of the facts.

Objective

The student will recall correct information concerning the STD FACTS.

Materials

The questions presented below
Paper and pencil (or chalkboard) for keeping score

Time

15-20 minutes

Utilization

A. In an equitable manner, divide the class into two groups or teams.

B. Ask a question of one team member at a time, taking turns within each team and alternating between teams.

C. Give the individual the choice of either a two-point or three-point question. (The three-point questions are more difficult.)

D. Accept only one answer given within a reasonable time period, e.g., 10 seconds, judging whether it is correct or incorrect. Only correct answers earn points.

E. Any assistance given to a team member trying to answer a question, or any other form of "illegal" play, results in a foul being called on that team. The other team gets an opportunity to answer a foul shot question, worth 1 point. (The teacher might be able to create other situations that result in foul shot questions being awarded.)

F. Determine how long the game will last before beginning it. Announce the limit to the class. For example, the game could be considered over when everyone on each side has been asked a question, when a predetermined number of questions have been asked, or when all of the questions have been used.

G. The teacher, or a student, can keep score on a sheet of paper or on the chalkboard.

H. The teacher might give a small or unusual award to the winning team.

2-point Questions

1. What age group makes up 85 percent of all STD patients?

   —people between ages 15-30

2. Which group of diseases causes serious damage to more teenagers than do all other communicable diseases combined?

   —STD

3. Which disease causes genital sores that may appear and disappear throughout life?

   —genital herpes

4. On what specific body tissue do STD organisms usually live?

   —mucous membranes

5. At what times during sexual contact should the condom be used to prevent STD?

   —at all times the penis touches a sex partner

6. Name two commonly used contraceptives that don't prevent STD?

   —pill

   —IUD

7. What is the surest way of avoiding STD?

   —sexual abstinence

8. A person with what type of sexual lifestyle has the greatest chance of getting an STD?

   —persons with different partners

9. Give an example of an STD which can be acquired from contaminated bedsheets and clothing.

   —Pediculosis pubis ("crabs")

10. What is the term that describes two people sharing their sex life only with each other?

    —sexual fidelity

11. If a person has sex with a stranger, what should be done to be sure he or she can be found later if needed?

    —exchange names and phone numbers

12. What are doctors required to do to babies at birth to keep them from getting gonorrhea?

    —place medicine in the eyes

13. What is the most typical way STD are acquired?

    —through sexual contact

14. Are STD symptoms more easily noticed in males or females?

    —males

15. A person with what type of sexual lifestyle especially needs to be alert for the symptoms of STD?

—persons with different partners

16. For a person having sex, changes in what body parts, especially, may indicate an STD?

— genitals

17. What is considered the best way of finding STD help using the telephone book?

—calling the health department

18. List 2 important STD which cannot be cured?

—AIDS and genital herpes

19. What is the name of the national toll-free telephone number that can be called to learn of the nearest STD medical care?

—VD National Hotline

20. What is considered that best way of getting a sex partner to STD treatment?

—take the partner to the clinic with you

21. What can happen to a person cured of an STD if he or she has sex again with a partner who is not treated for an STD?

—reinfection with STD

22. What should persons, especially females, who have sex with different partners do regularly to be sure they don't have an STD or get ill from one if they are infected?

—get regular STD check-ups

23. Which two groups suffer the most body damage from STD?

—women and babies

24. Which two STD may be related to cervical cancer in women?

—genital herpes and genital warts

25. Name two STD prevention methods used immediately after sex.

—washing

—urination

26. Which STD has a vaccine?

—hepatitis B

27. What is the best mechanical STD preventive method?

—using a condom

28. Approximately what percent of women with gonorrhea do not have symptoms?

—80 percent

29. The health department is most often listed where in the telephone book?

—in the government listings

3-point Questions

1. Name five reasons given in the book why STD are still a major problem. (Any five.)

—people delay seeking help

—people fail to inform partners

—use of birth control that doesn't protect against the STD

—early sexual activity of teenagers

—people stay single longer

—divorce rate is high

—people travel more widely

—some STD strains are resistant to drugs

2. Name five body structures which have mucous membranes most susceptible to an STD.

—penis, vagina, rectum, mouth, eyes

3. Name the five major STD symptoms.

—genital discharge

—abdominal pain

—painful urination

—skin change

—itching

4. What three things should a person do who suspects an STD infection?

—stop having sex

—go to a doctor

—get all sex partners to a doctor or STD clinic

5. Name the four types of skin changes that might indicate an STD.

—rashes, sores, blisters, warts

6. What three medical procedures does a doctor conduct to determine if an individual has an STD?

—examination for signs and symptoms

—blood test

—fluid taken from the genitals

7. Name the three things a person diagnosed as having an STD should do.

—follow the doctor's directions

—stop having sex until cured

—get all sex partners to a doctor

8. Name the three major reasons why it is important to get a sex partner to STD treatment.

—prevent partner illness

—prevent reinfection

—help control STD

9. What are the two main reasons why it is desirable to take a sex partner with one on the first STD visit to a doctor or clinic?

—partner is treated sooner

—chances of reinfection decreased

10. What are the four major ways named in the book of getting a sex partner to STD treatment?

—take partner to doctor

—inform partner directly, in person, or by telephone

—STD case specialist will contact partner

—send a letter

11. Name the three locations in the telephone book where government offices might be found.

—white pages

—yellow pages

—blue pages

12. Name the four types of organisms listed in the book which cause STD.

—bacteria

—protozoans

—viruses

—insects

13. What two major changes in the urination pattern of a person having sex may indicate an STD?

—frequent urination

—painful urination

14. Name the four places listed in the book which usually treat STD.

—STD clinic

—private doctor

—family planning clinic

—hospital

Foul Shot Questions | **1 Point**

1. What types of people—related to age, sex, race, and social status—can get STD?
   —anyone
2. Does one develop an immunity to STD after having them?
   —no
3. Is it common for an STD to be acquired from objects, like door knobs and toilet seats?
   —no
4. Can a baby be saved from permanent STD damage from syphilis if treatment of the mother begins early in pregnancy?
   —yes
5. Can a person with an STD pass it on after the symptoms disappear?
   —yes, for many STD
6. For most STD, do the symptoms become easily noticed soon after a person has the disease?
   —no
7. Can teenagers receive STD medical care without the permission of parents?
   —yes
8. Are STD tests given as part of most regular medical check-ups
   —no
9. Is the treatment for all STD the same?
   —no
10. Can a person get an STD treated at some public STD clinics even if one does not have enough money?
    —yes
11. Is the identity of a person giving his or her sex partner's name to an STD case specialist kept secret?
    —yes
12. Does masturbation cause STD?
    —no

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LEARNING OPPORTUNITY 11

Solutions to the STD Problem

Purpose

To facilitate student understanding of the possible causes of the STD problem and solutions to ending it, and to provide rehearsal in a process for solving health problems, using a modified version of the Nominal Group Technique.

Objectives

The student will:

1. identify causes of the STD problem;
2. prioritize the causes;
3. create solutions to the STD problem.

Materials

Paper
Pencil

Time

45-60 minutes

Utilization

1. This learning opportunity uses the basic principles of the Nominal Group Technique, a group process strategy for solving problems by clarifying causes and solutions. The technique incorporates decision-making processes and emphasizes the creation of solutions in contrast to finding solutions in the textbook.
2. The activity might be best conducted as the concluding activity of the unit.
3. The activity involves four steps:

STEP 1: IDENTIFYING REASONS FOR THE STD PROBLEM

—Ask students to think of the five most important reasons for, or causes of, the present STD problem.

—Going from student to student, ask for his or her most important reason. Place the reason on the chalkboard.

—Tell students to mark off their reasons, if they are given by others. Then when it is their turn, they should give the next best reason not already mentioned.

—After going through the entire class, ask for any additional reasons not already listed.

STEP 2: PRIORITIZE REASONS

—Once all of the reasons have been listed on the chalkboard, have students again pick their top five reasons for the STD problem. Students should give five points for the most important reason, four points for the second most important reason, and so on, until the fifth reason receives 1 point.

—For each reason listed on the board, ask for the point values assigned by the students. Tally the total point value for each reason.

STEP 3: FINDING SOLUTIONS

—Divide the class into five groups. Assign one of the top five reasons to each group. Through discussion, the groups are to create solutions for eliminating the reason or cause assigned to them. The group should not look to the textbook for solutions, but should use their imagination in creating solutions.

STEP 4: DISCUSSION OF SOLUTIONS

—Going from group to group, have a spokesperson for each group report the created solutions to the entire class.

—Discuss the solutions and ask for other possible solutions from other class members.

Chapter 4

TEST QUESTIONS

Test questions are presented here for teachers desiring to conduct a written evaluation of student understanding of the major concepts of the student textbook. Questions include five types: (1) true or false; (2) multiple choice; (3) short answer; (4) essay; (5) life situations.

The questions cover only information discussed in the STD FACTS and do not include material from other parts of the textbook, such as the Summary of Important STD and STD Through the Ages. The correct answer is included for each question, along with the page of the student manual in which the question concept is discussed.

A teacher may not wish to use all of the questions, but can be selective according to the situation. The language skills and academic sophistication of the students, in particular, should be considered when developing the examination. For example, the multiple choice questions require greater reading skills than some types, and essay questions demand a higher level of expressive ability than objective-type questions.

True or False

F (p. 6) 1. Even though STD strike an estimated 20 million people yearly in the USA, they rarely lead to serious health problems.

T (p. 6) 2. STD cause serious health damage to more teenagers than do all other communicable diseases combined.

F (p. 6) 3. STD cause as much serious health damage to men as they do to women.

F (p. 7) 4. Blaming and shaming STD patients is a good way to control STD.

F (p. 9) 5. A person becomes immune to most STD after getting them.

T (p. 9) 6. Getting an STD by kissing only is *not* common.

T (p. 13) 7. Unusual changes in the genitals and body of a person having sex may indicate an STD.

F (p. 14) 8. It is all right for a person suspecting an STD infection to continue having sex until checked by a doctor.

T (p. 14) 9. Often, the first clue that a female has an STD is when she learns that her partner is infected.

F (p. 16) 10. Teenagers must get parental permission before being treated for an STD.

T (p. 17) 11. STD tests are not given as part of most regular medical check-ups.

F (p. 17) 12. Most STD are treated the same way.

T (p. 20) 13. A person cured of an STD can get the disease again if sexual activity resumes before the partner is cured.

T (p. 20) 14. Taking a partner to the clinic on the first visit helps get the partner treated sooner.

Multiple Choice

d (p. 9) 1. Which one of the following does *not* have mucous membranes?
   a. genitals
   b. mouth
   c. rectum
   d. thigh

d (p. 9) 2. STD are most often acquired:
   a. from objects.
   b. by developing on their own without having sex.
   c. by skin-to-skin contact *not* involving the genitals.
   d. by sexual contact involving mucous membranes.

a (p. 9) 3. Which one of these statements dealing with getting an STD is *not* true?
   a. It is fairly easy to get an STD from objects.
   b. Persons with different sex partners have a greater chance of getting an STD than those with one partner.
   c. The risk of getting an STD increases with each new sex partner a person has.
   d. It is possible to get some STD from contaminated clothing, bedsheets, and similar objects.

b (p. 9) 4. The *surest* way of preventing an STD is by:
   a. careful selection of sex partners.
   b. sexual abstinence.
   c. using the condom during sex.
   d. looking for STD symptoms on the sex partner.

c (p. 10) 5. Which one of these statements dealing with STD prevention *is* true?
   a. Urination after sex works equally well for both females and males.
   b. The intrauterine device (IUD) prevents STD.
   c. The condom is the best mechanical preventive device.
   d. Looking for symptoms before sex almost always works.

c (p. 10) 6. Which one of these statements dealing with STD prevention *is* true?
   a. Oral contraceptives prevent STD.
   b. Washing the genitals after sex is a sure way of STD prevention.
   c. Contraceptive foam and the diaphragm may prevent the STD.
   d. Many STD have vaccines.

c (p. 13) 7. Which one of these statements about STD symptoms is *not* true?
   a. Females are less likely than males to have symptoms.
   b. The symptoms of some STD disappear without treatment.
   c. STD are only passed when symptoms are present.
   d. Abdominal pain from an STD may indicate pelvic inflammatory disease.

a (p. 14) 8. Which one of these statements about STD symptoms is *not* true?
   a. Persons suspecting they have an STD should not go to a doctor unless they are certain that they have an STD.

b. Itching in the genital area may mean an STD.

c. It is unwise to use drugs from friends to cure an STD.

d. Painful urination could indicate an STD.

a (p. 16) 9. Which one of these statements about locating STD care by using the telephone book is *not* true?

a. Most cities that have an STD clinic list it in the "V" pages under "venereal disease."

b. Probably the best way of finding STD help is by calling the health department.

c. The health department is most often listed with the county or city government offices.

d. Crises telephone hotlines can usually suggest a clinic for STD care.

b (p. 16) 10. Which one of these statements about STD treatment is *not* true?

a. All information about STD care is confidential.

b. Every town or city in this country has an STD clinic.

c. Most STD clinics have counselors that can help patients deal with STD.

d. Many STD clinics will treat an STD for a small fee, or free, if money is a problem.

Short Answer

(p. 6) 1. About 85 percent of all STD occur between what ages? (15 and 30 years old)

(p. 6) 2. Name five health problems that can result from STD. (pelvic inflammatory disease, sterility, ectopic pregnancy, infant damage and death, painful genital sores that may appear throughout life, possibly cervical cancer, heart disease, blindness, mental illness, and death)

(p. 6) 3. What is the major health problem that can result from pelvic inflammatory disease? (damage to reproductive system—sterility or ectopic pregnancy)

(p. 7) 4. Name six reasons given in the book why there is a serious STD problem. (people delay seeking help, people fail to inform partners, use of birth control that doesn't protect against STD, early sexual activity of teenagers, people stay single longer, divorce rate is high, people travel more widely, some STD strains are resistant to drugs)

(p. 9) 5. On what type of body tissue do STD organisms usually live? (mucous membranes)

(p. 10) 6. At what times during sexual contact should the condom be used to prevent STD? (any time the penis touches the partner, or at all times)

(p. 10) 7. What two things, as described in the book, can a person do soon after having sex to help prevent STD? (urinate, wash the genitals)

(p. 13) 8. Name the major symptoms of STD. (genital discharge, abdominal pain, painful urination, skin changes, itching)

(p. 14) 9. Are males or females more likely to have STD symptoms? (males)

(p. 14) 10. Name the three major things a person should do after suspecting an STD infection. (stop having sex, go to an STD clinic or doctor soon, get partner to treatment)

(p. 16) 11. Name the three locations in the telephone book where the government listings can be found. (white, yellow, or blue pages)

(p. 17) 12. What is the name of the national telephone number that can be called to learn of the nearest STD clinic or to get STD information? (VD National Hotline)

(p. 18) 13. Give one example of an STD which *cannot* be cured? (AIDS or genital herpes)

(p. 17) 14. Name three main things a person diagnosed as having an STD should do. (Follow the doctor's directions, not have sex until cured, get the sex partner to a doctor.)

(p. 20) 15. Name the three major reasons given in the book why it is important for a person with an STD to get his or her sex partner to medical help. (Prevent serious illness in partner, prevent reinfection, and to help control STD)

Essay

(p. 6) 1. Describe the emotional and social damage that can result from STD. (Patients may suffer feelings of shame and guilt, friendships and marriages can be broken.)

(p. 9) 2. Describe the sexual lifestyle that places a person at greatest risk for getting an STD. (A person who has sex with one partner is not likely to get an STD. Persons with different partners, or whose one partner has a variety of partners, is more likely to get an STD. The more partners a person has, the greater the chances of getting an STD.)

(p. 14) 3. What special role do males play in their female partners learning that they might have an STD? Why can only the male usually play this role? (A male having STD symptoms may be the first clue that a female partner has an STD. STD are more easily noticed in males since their genitals are more easily observed.)

(p. 20) 4. Why is taking the sex partner to the clinic on the first visit considered a very good way of getting the partner to treatment? (The partner, who may not know that he or she could be infected, can be treated sooner. Therefore, the chances of the partner infecting others are decreased. Further, the possibility of the original couple reinfecting each other is also lessened. Some people might feel more comfortable going to a doctor with someone they know.)

Life Situations

Situation 1

Maria recently gave a talk to a youth group about STD prevention. She gave a reason for each prevention hint offered. But, some of the reasons he gave were wrong. Mark "T" for the hints based on true or correct reasons. Mark "F" for those based on false reasoning.

F (p. 9) 1. A person should not worry about getting an STD if he or she had it before, since one usually develops an immunity to STD.

T (p. 10) 2. A person needs to use a condom during all types of contact with the penis, since condoms prevent organisms from entering or leaving the penis.

F (p. 13) 3. A person does not need to use mechanical preventive measures if the partner has no STD symptoms.

F (p. 10) 4. Persons should not worry about getting an STD from a female using the birth control pill, since the pill has been proven to prevent STD.

Situation 2

Henry, a member of his school's soccer team, has been having sex with some girls he knows. A few days ago, he noticed some pus coming from his penis.

Which one of Henry's thoughts listed below about what he should do is correct?

1. I'll get a medical book to see if I have a disease, since doctors charge more money than I have.

2. The pus is probably the result of a soccer injury I got last week.
3. My girlfriends don't have any symptoms, so I probably don't have an STD.

T (p. 13)

4. Even though the pus has now stopped coming from my penis, I still shouldn't have sex until a doctor checks me.

Which one of Henry's thoughts listed below about getting medical help is correct?

1. I can't go to my family doctor since only STD clinics treat STD without the permission of parents.

T (p. 16)

2. I can call the Health Department if VD is not listed in the "V" pages of the telephone book.
3. I cannot call the VD National Hotline from my home phone, since the call will be charged as a long-distance call on the telephone bill.
4. I'll have to look for an STD clinic to get myself checked, since the STD clinic is the only clinic that can treat the bad STD.

Situation 3

Mary just found out from her doctor that she has an STD. She wants her partner to see a doctor, too. But, she doesn't know what to do. She asks a friend for advice. Which one of her friend's suggestions listed below is correct?

1. There is no hurry to inform the partner. He will get STD symptoms soon anyway.
2. If you give your partner's name to the doctor, you are squealing on him. STD case specialists sometimes scold the partner for having sex.

T (p. 20)

3. Don't have sex again until your partner is cured. You could get the STD again.
4. Don't give your partner's name to the doctor. The STD case specialist usually tells the partner who gave his name.

Chapter 5

ANSWERS TO COMMON STD QUESTIONS ASKED BY YOUNG ADULTS

Below are some questions about STD frequently asked by young adults. Even though all possible aspects of STD may not be represented, many important concerns of young people are addressed. Answers are given to assist the teacher in responding to possible similar questions from students.

The acronym STD is applied for the questions, although "VD" is still frequently used. The questions have been grouped into five categories: (1) the STD problem; (2) STD transmission; (3) STD prevention; (4) STD symptoms; (5) STD treatment.

Young people in the classroom setting might have questions about STD which they are not comfortable asking in front of their peers. The teacher could provide a question box in the room to help deal with this type of situation. If a question box is used, the teacher should screen the questions before reading and answering them. Some questions put in the question box may not be suitable for classroom use. Inform students that all questions in good taste will be answered.

The STD Problem

1. *Where did STD start?*

   Scientists and historians do not know for sure the origins of STD. Some think that syphilis, for example, has always existed, but did not harm people until the organism changed in some manner. There is evidence from ancient writings, art, and skeletal remains that some STD existed in the earliest recorded history of mankind.

2. *How many types of STD are there?*

   Since STD are diseases which are transmitted through sexual and other intimate contact, the list of STD could be virtually endless. Scientists have classified more than twenty diseases specifically as STD. Some of the most important STD, besides gonorrhea and syphilis, are genital herpes, chlamydial infections, and AIDS.

3. *What is the most common STD?*

   There are about 7 million new or continuing cases of genital herpes each year, making it the most common STD. Since doctors aren't required to report cases of genital herpes to the health department, this number is an estimate. Gonorrhea, with about two million cases a year, is the most common reportable, communicable disease.

4. *How dangerous are STD?*

   STD can lead to serious health problems, particularly among women and their babies. When untreated, STD can lead to such problems as pelvic inflammatory disease, sterility, infant defects, blindness, heart disease, and death. Cervical cancer has been found more frequently in women with genital herpes than women without the disease.

5. *Can they kill you?*

   As stated in the above question, some STD can lead to death. But, with the use of modern drugs, this is rare and certainly avoidable in the vast majority of cases. A woman developing a very serious case of pelvic inflammatory disease from an STD could die if treatment is delayed for a long time or is never obtained. AIDS, which scientists believe can be transmitted sexually, frequently causes death.

6. *How long do they last?*

A person has an STD until he or she is cured. In other words, one could have the disease for many years, including a lifetime, if treatment is not sought. The symptoms may disappear, but the disease is still present. Most STD can be cured at any time, but any permanent health damage done to that point cannot be changed. The longer treatment is delayed, the more likely the person will suffer serious health consequences.

7. *Are STD limited to lower economic classes?*

No. STD affect all classes of individuals. Poor people often go to public health clinics for treatment, instead of seeing a private doctor. Then it may seem as if the lower socioeconomic classes have the highest incidence of STD. All persons, regardless of race, age, sex, or socio-economic class, can get an STD. Anyone exposed to an STD organism can get the disease.

8. *How many people have an STD and don't know it?*

There is no estimate of the number of people infected with an STD, but having no symptoms. Certainly, it is possible to have an STD without any symptoms. Women, particularly, may have an STD and not realize it. For example, about 80 percent of women with gonorrhea don't have any symptoms. About 20 percent of males with gonorrhea also have no symptoms. Frequently, STD are passed by an infected person who has no symptoms.

9. *Do teenagers get STD more often than others?*

Teenagers and young adults account for most STD incidence. About one-half of all STD occurs in persons under the age of 25.

10. *What are the psychological aspects of STD?*

Not only can people who get an STD suffer physically from the disease, they can also suffer mentally. Some people in our society view STD as punishment for sexual misbehavior. Consequently, many people who get an STD develop feelings of fear, guilt, and shame. They may also feel bad if they passed an STD to someone else, or they and/or their partner (or baby) suffer permanent health damage from STD. Hopefully, someday STD can be considered like other communicable diseases. Then, maybe more people with an STD will seek medical help and get their partner to a doctor sooner.

11. *Is there a new type of gonorrhea that cannot be cured?*

Several strains of gonorrhea have become totally resistant to penicillin. However, these strains can be cured by other drugs.

12. *Is there a new STD from which people die?*

During the early 1980s, a sudden increase in deaths caused by several rare diseases was reported among young, homosexual males. The diseases developed in people who had lost their natural immunity against disease. The name used to describe this condition is Acquired Immunodeficiency Syndrome (AIDS). Many persons with AIDS have died. Scientists believe that AIDS is caused by a virus that can be sexually transmitted.

STD Transmission

1. *Are STD inherited?*

No, STD are not inherited by offspring.

2. *Can you have an STD when you are born?*

Yes. A mother can pass on an STD to her baby before or during birth. It is estimated that over 300,000 babies are damaged or die from STD each year. But the baby can usually be spared permanent health damage if treatment begins soon enough. Therefore, any pregnant woman should have an STD check-up early in the pregnancy.

3. *What germs cause STD?*

STD are caused by a variety of organisms that can be transmitted from person to person, like bacteria, viruses, protozoans, and very small insects. These organisms usually live on the body's mucous membranes.

4. *How do you get STD?*

In most instances, STD are passed from person to person during sexual behavior involving the mucous membranes of the penis, vagina, rectum, and/or mouth.

5. *Can you get STD from oral sex?*

   Yes, this is a method of transmission.

6. *Can you get an STD without having sex?*

   Some STD can be transmitted without sexual contact, although it is not common. For example, crab lice may be acquired by sleeping in contaminated bedsheets. Most STD can be passed from an infected mother to her baby before or during birth.

7. *If you come in contact with STD, what are your chances of getting it?*

   The odds are not 100 percent. The chances vary from slim to very high, depending on the type of sexual contact and the STD involved. An individual cannot know the odds for any particular circumstance. An STD could be acquired during the first sexual contact, or it might take several exposures.

8. *Can you get an STD if your partner has sex with someone else?*

   Yes, your partner could get an STD that could be passed on to you. The more partners a person has the greater the chances of getting an STD. A person whose partner has sex with others should use STD prevention techniques described in the next section of questions.

9. *Are these diseases contagious through conversation?*

   It is not possible to get an STD by just talking with an infectious person.

10. *Can you get them by masturbating?*

    No, masturbation does not cause STD.

11. *Can children at the age before menstruation and sperm development get an STD?*

    Yes, an STD could be transmitted to a person of any age by sexual contact. Babies can get an STD from the mother. It would be possible, but not common, for an infant to get STD by close, nonsexual contact with an infectious parent or by contact with contaminated towels, washclothes, and other similar material. Young victims of sexual abuse may also get an STD.

12. *Can you get an STD more than once?*

    Yes, a person can get an STD as often as he or she is exposed to it. The body does not develop an immunity to STD.

13. *Can you become pregnant and get an STD at the same time?*

    Yes. If one becomes pregnant and suspects an STD infection, a doctor should be seen promptly to prevent any possible damage to the infant.

14. *I've heard that you can get certain types of STD from kissing—nothing else? Is that true?*

    This rarely occurs, but can happen if conditions are correct. For example, it is possible to acquire syphilis by kissing, if the infected person has chancres in or around the mouth.

15. *Can STD be caught from sitting on a toilet seat?*

    Persons have said that STD can be acquired from objects like drinking glasses, toilet seats, and door knobs. It is almost impossible because light and air destroy the organisms very quickly. And, toilet seats usually do not come in contact with the mucous membranes of a person's body.

16. *Can an STD be transmitted by wearing someone's clothes who is infected?*

    Acquiring most STD in this manner would be very rare. However, crab lice can be passed by direct contact with infected clothing.

17. *Can you get an STD from using sexual aids such as vibrators?*

    It would appear that one *could* get an STD this way. But the conditions must be perfect since STD organisms die easily outside the body. That is, one would need to use the aid immediately after its use by an infected person. It would need to have some moisture from the infected person's genitals on it.

STD Prevention

1. *How can you keep away from STD?*

   The best way to prevent STD is to practice sexual abstinence or sexual fidelity. Persons with different partners have the greatest chance of getting an STD.

2. *Are there other ways of preventing them, other than saying "no?"*

   Yes, two people having sex only with each other is effective. If one has different partners, or isn't sure of the health of the other partner, using the condom helps prevent STD. Further, washing the genitals and urinating after sex and using a diaphragm, contraceptive foam, cream, or jelly may also help.

3. *What is the most fool-proof protection against STD?*

   Other than sexual abstinence and fidelity, there is no 100 percent protection against STD. The condom is the best mechanical STD prevention measure.

4. *How can you tell before having sex if you need to use something?*

   There is no sure way of determining if a partner has an STD. Therefore, one would need to use preventive measures. Looking for STD symptoms is not a reliable technique. The symptoms may not be apparent. Certainly, one should avoid persons who do have STD symptoms or who have different partners.

5. *Will keeping oneself clean prevent STD?*

   No. STD are caused by specific organisms, not dirtiness. One can still get an STD from an infected person during sex, no matter how clean the person keeps himself or herself. Washing the genitals immediately after sex, however, might help prevent some STD.

6. *Should a woman on the pill encourage her partner to use a condom?*

   Certainly. Oral contraceptives do not prevent STD.

7. *If you use a condom, are you totally safe?*

   No, not 100 percent safe. Even though the condom is considered the best mechanical STD preventive measure, it does not protect one from STD that can enter the body elsewhere. To be most effective, the condom must be placed on the penis before sexual contact and used during all times the penis touches the partner.

8. *How can you tell a guy you want him to use a condom?*

   First, you could tell him that you are concerned about getting an STD. Inform him that many people are using condoms, particularly those who are smart and want to preserve their health. Tell him that you will have admiration and respect for him if he uses a condom. Finally, tell him that you won't have sex with him unless he uses a condom.

9. *How do you tell a girl that you want to use a condom to protect yourself against STD?*

   Tell her that using a condom will protect your health and her health as well. Also tell her that your decision is not based on any negative feelings about her, but is due to your concern about STD.

10. *Will contraceptives totally prevent STD?*

    As stated earlier, the condom is very effective in preventing STD. The condom is even more effective when used with foam, since foam (or creams or jellies) also helps prevent STD. A diaphragm may keep STD from entering the uterus. The pill and IUD, however, do *not* prevent STD. Actually, there is evidence that using the IUD makes a person more susceptible to pelvic inflammatory disease.

11. *How often do you need to get a check-up for STD?*

    Persons with different sex partners, or those who feel they might be exposed to STD, should have STD check-ups regularly, maybe once every 3 or 4 months. This is especially true for females since they may not have symptoms.

12. *If a woman goes to a doctor for a Pap test, will an STD be detected?*

    No, not necessarily. A Pap test will detect cancer and may also detect a herpes infection. If there are signs, the doctor might suspect an STD and do further tests. But the signs are sometimes absent in females who have an STD, particularly for gonorrhea. If a woman thinks she has been exposed to an STD, she should play it safe and specifically ask for STD tests.

STD Symptoms

1. *How long does it take before you notice that you have an STD?*

   The symptoms usually appear within a few days to possibly several weeks after getting STD. The symptoms don't always appear and are often absent in women. Sometimes a person first learns that he or she might have an STD from an infected partner.

2. *How do you know you have it?*

   The surest way to discover if one has an STD is to get tests from a doctor. Persons having sex, particularly those with different partners, should be alert to changes in their body and should look for STD symptoms. These symptoms are genital discharge, abdominal pain, painful urination, skin changes, and itching.

3. *Can you tell by looking at a person if he or she has an STD?*

   No, not usually. Sometimes a person can have an STD without having any symptoms. If one isn't sure about the sexual health of a potential partner, he or she should use the preventive methods described in the previous sections of questions.

4. *Can you detect the disease easily?*

   Many times it is difficult for a person to detect if he or she has an STD. There are many STD, and the symptoms are confusing and often absent or hidden. Sometimes doctors cannot even tell by just looking. If one suspects an STD, the wisest thing to do is to get STD tests from a doctor instead of trying to diagnose oneself.

5. *Is it harder for a boy or girl to determine if he or she has an STD?*

   It is usually harder for women to determine if they have an STD than it is for men. Because of the external nature of their genitals, the symptoms for males are more easily noticed. Many women with an STD don't know that they are infected. For example, it is estimated that about 80 percent of women (and 20 percent of males) with gonorrhea do not have any symptoms.

6. *Do the diseases have other symptoms, such as headaches, stomachaches, cramps, etc.?*

   Yes, there are symptoms that are similar to those of other diseases. If you have such symptoms persistently you should see a doctor.

STD Treatment

1. *Why are teenagers afraid to go to a doctor when they think they have an STD?*

   First, they might feel that someone, like their parents, would be told about their medical condition. However, all clinics treat the records of STD patients confidentially. The teenager could believe that he or she will be scolded or punished. Yet, the vast majority of the medical personnel are empathetic and supportive. The teenager might be denying the possibility of infection, i.e., he or she could be afraid of finding out the diagnosis. And, some teenagers may be afraid of going to doctors.

2. *Can all STD be cured?*

   Most STD can be treated easily and quickly. However, there are some strains of gonorrhea that have become more difficult to diagnose although they are still curable. STD caused by viruses, like AIDS, genital herpes, and hepatitis B cannot be cured.

3. *What if I don't have enough money to go to a doctor?*

   One should still see a doctor even if money is a problem. Many clinics will treat a person for free, or for a small fee, if the person doesn't have much money.

4. *When you have an STD, what kind of medicine can you use to get rid of it without seeing a doctor?*

   For the vast majority of STD, there are not any safe or effective drugs a person could get without seeing a medical doctor. One should not, for example, use any drugs from a friend who had an STD. A person should not try to cure himself or herself, but should play it safe and see a doctor.

5. *Where do you go for treatment?*

   A person can get STD treatment from: (1) an STD clinic; (2) a private doctor; (3) a family planning clinic; (4) a hospital. The local health department can inform one where STD treatment is given locally. Or to learn of the nearest STD clinic, a person should call the VD National Hotline (1-800-227-8922).

6. *What are the treatments like?*

   The procedures for diagnosing and treating most STD are not very painful or time-consuming. A blood sample taken from the arm and sometimes a specimen from the genitals will be taken. Various medicines, e.g., pills, injections, creams, lotions, and suppositories, are used for treatment. Often, treatment is given on the first visit, with a second treatment sometimes given later.

7. *Once cured, can you get it again?*

   Yes, a person can get an STD as many times as exposed since the body does not develop an immunity to STD.

8. *If you are a minor, and you think you have an STD, does the doctor have to tell your parents?*

   In every state, minors can be checked and treated for an STD without parental knowledge and consent. Rarely will a doctor tell the parents without the teenager's permission.

9. *How long does the disease last even when you are taking medicine for it?*

   In most instances, the disease will last only a few days.

10. *How long can you go without medication for an STD and it still not affect you?*

    Although it depends on the disease and many other factors, damage to one's body could start very soon after getting an STD. Therefore, a person should not delay in seeking medical help.

11. *What if a person is allergic to penicillin?*

    Medicine other than penicillin can be used to cure STD.

12. *How can you tell your parents you might have an STD?*

    It would be desirable for every teenager to be able to talk with his or her parents about having an STD. Unfortunately, some cannot. The type of relationship one has with his or her parents may influence how the topic is approached. The person should be matter-of-fact in informing them of the STD and asking for help. If the parents are not supportive or the teenager doesn't want to talk with them, he or she could talk with another adult, such as a teacher or a school counselor or the counselor at the clinic.

13. *What can you tell a partner to convince him to see a doctor?*

    One should tell the partner that the STD can lead to serious health problems, and that, for one's own health, a doctor should be seen quickly. Inform him or her that treatment is usually not painful or time-consuming and is confidential. The partner might also be told that sex cannot resume until both partners are treated. One then could volunteer to help the person find medical care and even to go with him or her to the doctor. An example of what one person said to his partner to encourage her to see a doctor is given in STD FACT #5 of the student manual.

14. *What are scientists doing to cure these diseases?*

    Scientists are working on better tests and drugs to diagnose and treat STD. They are also trying to develop vaccines. Even though a vaccine has been produced for one STD, hepatitis B, it will probably be several years before there will be a vaccine for any other STD.

Appendix A

HANDOUTS

This appendix contains two sheets that can be removed and duplicated for distribution to students. The teacher might desire to make them into dittos so that duplication can be done at minimal cost. The sheets are:

Treatment and Information Sources for Sexually Transmitted Diseases

This sheet is a replica of a form found on the inside front cover of the student manual. It can be given to students if they are not permitted, or do not desire, to write in this manual. The teacher should assist the student in completing the form, which should be done following Learning Opportunity 3 and Learning Opportunity 4.

STD Summary Sheet

This sheet is a replica of one found on the inside back cover of the student manual. It can be used for informing persons about STD who do not have the student manual. For example, it can be placed on a school bulletin board or distributed at a health fair.

TREATMENT AND INFORMATION SOURCES FOR SEXUALLY TRANSMITTED DISEASES

Source for STD Treatment in Your Community:

1. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

Minors can get STD treatment without parental consent in every state. That's the law.

Sources for STD Information in Your Community:

1. _____ 2. _____

_____ _____

_____ _____

To learn of the nearest locations for STD medical care or to get the latest information about any STD, call the toll-free

VD NATIONAL HOTLINE

at

1-800-227-8922

(In California, 1-800-982-5883.)
(In Alaska and Hawaii call your local health department.)

STD SUMMARY SHEET

Sexually transmitted diseases (STD) are a major health problem. Almost 20 million persons are affected each year. About one-half of STD patients are under the age of 25. Untreated STD can lead to sterility, pelvic inflammtory disease, infant damage, mental illness, and death. Anyone, regardless of sex, race, or social status, can get an STD.

WHAT ARE STD? Scientists now know that many diseases can be passed sexually. Hence, a new term—sexually transmitted diseases—is used instead of venereal diseases. Important STD include AIDS, chlamydial infections, Gardnerella vaginitis, genital herpes, genital warts, gonorrhea, hepatitis, pediculosis pubis, syphilis, and trichomoniasis.

HOW ARE STD SPREAD? STD are caused by germs passed during sexual contact. Some can be transmitted by objects, although this is not common. An infected mother can pass an STD to her child. A person can get the same STD many times.

AVOIDING STD. Not having sex with anyone is the surest way of not getting an STD. Two people having sex with each other only is the next best method. Persons with many partners have the greatest chance of getting an STD. They can reduce their chances of getting an STD by using a condom and avoiding people with STD symptoms or who have many partners. Washing the genitals after sex, urinating after sex, and using a diaphragm with contraceptive foam, cream, or jelly may also help. Persons with different partners, especially females, should have regular STD check-ups.

RECOGNIZING AN STD INFECTION. Persons having sex, especially those with different partners, need to be alert for STD symptoms. The STD symptoms are: (1) genital discharge; (2) abdominal pain; (3) pain during urination; (4) skin changes; (5) genital itching. The symptoms are sometimes hidden. Many females with an STD have no symptoms. For some STD, the symptoms disappear without the disease being treated. But, most STD can be passed when the symptoms are not present. Persons suspecting an STD should stop having sex, go to a doctor, and get partners to a doctor.

SEEKING TREATMENT. Persons who think they might have an STD should not try to diagnose or treat their own condition. Only a doctor can do those things. Most STD can be cured easily and quickly. AIDS and genital herpes cannot be cured. There may be no damage if an STD is treated soon enough. STD treatment is available from: (1) STD clinics; (2) private doctors; (3) family planning clinics; (4) hospitals. A person could call the health department (usually listed with government numbers) to learn where STD treatment is given in his or her city. Or, to learn of the nearest STD clinic, call (for free) the VD National Hotline. Dial 1-800-227-8922 (in California, call 1-800-982-5883; in Alaska and Hawaii call the health department). In every state, minors can get STD treatment without parental consent. Anyone being treated for an STD should follow the doctor's instructions.

GETTING THE PARTNER TO TREATMENT. Persons with an STD should be sure to get their partners to medical care. This is best done by taking the partner to a doctor. The partner can be told in person or over the phone that he or she might be infected. A person can ask the doctor to have the partner informed by an STD case specialist. Finally, one could write a letter to the partner. To shorten the time, it would be best if one would hand-deliver the note to the partner's mailbox.

The effort of individual persons is the best way of stopping the spread of STD. This is done by being responsible for one's health and the health of any sex partners. A person can also help wipe out STD myths by being a source of accurate STD facts and by being helpful and supportive of a friend who gets an STD.

Appendix B

WORKSHEETS

This appendix contains the worksheets that are used with the learning opportunities given in Chapter 3. The number of the worksheet corresponds to the number of the learning opportunity.

The worksheets can be removed and duplicated for distribution to students. The teacher could make them into dittos so that duplication can be done at minimal cost. Further, some of the worksheets may not need to be duplicated if the teacher, for example, gives the information verbally or places it on the chalkboard.

List of Worksheets

Number	*Name*	*Page*
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Worksheet 1: Spread of STD Opinion

Directions: After reading the description of the two people, decide which person you are most like. Mark an "x" anywhere along the line. You may feel exactly like one of the two persons, or you may have feelings in between. *If the teacher asks you,* give the reason why you chose your stance.

1. Accepting Alfred |___|___|___|___| Ashamed Alice

   After discovering that she had an STD, Alice felt ashamed and "dirty" for getting the disease. She said she felt guilty for being "caught" having sex. Alfred certainly wasn't thrilled about having an STD, but he said he didn't feel much shame or guilt. He accepted the fact and wanted to be sure that he and his partners were treated.

   Explain your answer:

2. Prevention Paco |___|___|___|___| Careless Cleo

   Paco thinks that people who use STD prevention measures are smart. He believes that a person should be sure to use the methods properly and at all times. Cleo thinks that using prevention methods is a waste of time. He doesn't believe that they help much in preventing STD. Cleo also believes that they ruin the pleasure of having sex.

   Explain your answer:

3. Alert Anne |___|___|___|___| Avoiding Amy

   Both Anne and Amy have participated in sex. Anne believes that the best way to learn if one ever needs to see a doctor about an STD is to be alert for STD symptoms. She is always checking herself to notice any changes in her body, especially the genitals. Amy thinks that checking oneself is a waste of time and disgusting. She believes that a sex partner will tell you if you have an STD anyway.

   Explain your answer:

4. Stop Sam |___|___|___|___| Continue Calvin

   After studying about STD in school, Sam decided that if he ever suspected an STD, he would stop having sex. He said that he didn't want to pass on an STD to anyone. Calvin thought he would continue having sex. He believed that it didn't make any difference since the sex partner would have given it to him anyway.

   Explain your answer:

5. Seeking Sally |___|___|___|___| Delaying Dan

   Sally and Dan are sex partners, and they think they have an STD. Sally is very concerned about getting really sick. She thinks they should see a doctor very soon. Dan doesn't want to go to a doctor. He wants to wait to see if the symptoms go away. He hopes they have something else.

Explain your answer:

6. Talking Teri [ ] [ ] [ ] [ ] Quiet Quinn

Teri and Quinn caught an STD. Teri feels bad about it. She wants to talk with a counselor. Teri thinks that talking with someone will help her deal with her feelings. Quinn has the same feeling about getting an STD. But he doesn't think talking will help. He says it isn't anyone else's business.

Explain your answer:

7. Following Fred [ ] [ ] [ ] [ ] Ignoring Irene

Fred and Irene caught an STD. During treatment, the doctor gave them some instructions to help cure the STD. For example, they were told to come back for another check-up. Fred thinks that doing what the doctor says is important. Irene doesn't agree. She wants to ignore the directions. She believes that the shots they got on the first visit were sufficient.

Explain your answer:

8. With Willie [ ] [ ] [ ] [ ] Without Wilma

Willie says that he would take his partner with him to the doctor if he thought he had an STD. He says that both could be checked at once. Having the partner there would make the other feel better. Wilma says that she wouldn't want to go with a partner. She says that having an STD is a very private thing.

Explain your answer:

9. Supporting Sue [ ] [ ] [ ] [ ] Avoiding Annette

Sue says that if a friend of hers got an STD, she would try to help the person and be supportive. She would be willing to talk with her about it. And their friendship wouldn't be changed. Annette feels that she could not continue being friends with someone who got an STD. She doesn't think she would help him or her or be sympathetic.

Explain your answer:

Worksheet 2: Unfinished STD Sentences

Directions: After reading the first part of the unfinished sentence, write in what you think would complete the sentence.

1. People who get an STD are . . .

2. People who practice sexual abstinence to prevent STD are . . .

3. People who use the condom to prevent STD are . . .

4. For most young people, giving an STD to someone would make them feel . . .

5. Telling a sex partner that he or she might have an STD would make most young people feel . . .

6. If their boyfriend or girlfriend got an STD, most young people would . . .

7. Going to an STD clinic would make most young people feel . . .

8. If their child got an STD, most parents would . . .

Worksheet 3: Finding STD Help in the Telephone Book

Directions: Complete each of the steps below until you have enough information to complete the form at the bottom of the page concerning STD treatment in your community.

STEP 1: Look for a listing of an STD/VD clinic in the "S" or "V" section of the white pages. Call the clinic and request the address and clinic hours.

STEP 2: Look for the health department under your city or county listing in the white pages and check to see if an STD/VD clinic is listed. Call the clinic and request the address and clinic hours.

STEP 3: Look in the Government pages for either a listing for the health department or an STD/VD clinic. Call the clinic and request the address and clinic hours.

STEP 4: Check for a crisis telephone hotline listing. Call this hotline and ask for an STD clinic or STD treatment facility. Call the clinic or facility and request the address and hours of operation.

STEP 5: Call the VD National Hotline (1-800-277-8922; in California 1-800-982-5883) and ask for the name of an STD treatment facility or private physician in your community. Call the facility or physician and request the address and clinic hours.

---

1. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

2. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

Worksheet 4: Selecting STD Treatment Sites

Criteria	*STD Clinic*	*Family Planning Clinic*	*Hospital*	*Private Doctor*	*Other*
Name of Facility					
Address					
Days and Hours Open					
Price					
Can Diagnose and Treat All STD					
Miles from Home					
Convenient to Public Transportation					
Comfortable Environment					

Your choice of best facility: _____

Note: Use the information learned in this experience to complete the STD treatment and information form presented on the inside front cover. (The teacher may provide you a copy of this form in place of the copy in the manual.)

Worksheet 5: Telling a Partner about an STD Infection

Some young people may not know what to say when telling a sex partner that he or she could have an STD. An example of what one person said is given in STD FACT #5. However, there are possibly other ways of talking to the partner.

Situation: Frank just learned that he has an STD. He wants to tell his partner, Ruth, that she might be infected too, and that she should get medical care.

PART A: *Directions:* Without looking in the book, think of one or two examples of what Frank might say to Ruth in his discussion with her.

1. What could Frank say to get the conversation started? That is, how could he begin?

   a.

   b.

2. How could he tell Ruth that he has an STD?

   a.

   b.

3. What could Frank say in telling Ruth that she might also have the STD?

   a.

   b.

4. How could he encourage her to get help?

   a.

   b.

PART B: *Directions*—Combining some of the above ideas, write a short script of Frank's talk with Ruth.

PART C: *Directions*—Describe the best situations (for example, time and place) for a young person telling a sex partner about an STD infection.

1.

2.

PART D: *Directions*—With one other person in your class, practice talking with someone about having an STD and getting medical help. Use the ideas from above. Take turns with one person being the talker and the other being the listener.

Note: This activity is to be done during class time.

Worksheet 6: Uncle Bill's Advice Column

Pretend that your name is Uncle Bill and you have an advice column that appears in the newspaper. People send letters to you about personal problems, and you suggest a solution.

Directions: On another piece of paper, give your advice for solving the problem of each letter below.

LETTER 1

Dear Uncle Bill:

I've been dating a girl for two months. Sometimes we have sex. I think that my girlfriend might be having sex with some other guys, but I'm not sure. I'm afraid that she might get an STD and then give it to me. I sure don't want an STD. What should I do?

Worried Willie

LETTER 2

Dear Uncle Bill:

James and I have been dating for about a month, and he has been pressuring me to have sexual intercourse. He says that he loves me and that if I loved him I would want to have sex too. Even though I really like him, I don't feel that I am ready for intercourse. Besides, I don't want to take a chance of getting an STD or becoming pregnant. I'm not sure if he has other girlfriends. How can I say no to him so that he won't drop me?

Not-Ready Nancy

LETTER 3

Dear Uncle Bill:

I've been having sex with some different people. Lately, I've started to worry about getting an STD. If I ever get an STD, I want to know as soon as possible. How will I know if I get one?

Concerned Chris

LETTER 4

Dear Uncle Bill:

David and I have been dating, and recently he noticed some pus from his penis. He found out from a doctor that he has gonorrhea. He thinks that I gave it to him since he says he's been faithful to me. I've had sex with other guys, but I don't have any STD symptoms. He has asked me to see a doctor. But I don't want to. Wouldn't I have symptoms by now if I had an STD since David already has symptoms?

Signless Susie

LETTER 5

Dear Uncle Bill:

I just learned from an STD clinic that I've got an STD. I want my boyfriend to see a doctor, too. But I'm afraid that he'll get very upset if I tell him that he might have an STD. What should I do?

Scared Sharon

Worksheet 7A: STD Problem Situations

Description of Problems

PROBLEM SITUATIONS

1. Tom and Pat began dating recently. Both have heard about the serious health problems STD can cause. They agree that they don't want to get an STD.
2. Beverly has been having sex with several people. Yesterday she began noticing the symptoms of an STD. She wonders what she should do.
3. Charley thinks he has an STD. He wants to go to a clinic that specializes in treating STD. But he can't find an STD/VD clinic listed in the white pages of his telephone book.

ADVANCE PROBLEM SITUATIONS

1. Delores had sex with someone she doesn't know very well. Recently, this sex partner told her that he has gonorrhea. She starts worrying about it even though she has no symptoms. Delores is a little embarrassed about telling anyone about it, since it means she has had sex. When she goes to the doctor, she asks for a regular physical examination, saying she needs it for sports. The doctor says that she is in good condition.
2. Carlos develops symptoms of an STD. He decides to go to an STD clinic. He's diagnosed as having an STD. Carlos wants his sex partner to get treatment too. But he doesn't know her name or where she lives. He doesn't know what to do.

Worksheet 7B: STD Problem Situations

Form for Solving Problems

Check which problem this form concerns:

Problem: 1_____ 2_____ 3_____

Advanced: 1_____ 2_____

Solving STD problems involves a series of steps. These steps make up the decision-making process used to discover the best solution to a problem. This activity asks you to use the major steps in solving an STD problem.

Directions: After reading the problem given on Worksheet 7-A, answer the questions below. Use a separate copy of this form for each problem.

SOLVING THE PROBLEM

1. *What* is THE PROBLEM?

2. *What* are THE IMPORTANT FACTS about the situation?

3. *What* are THE POSSIBLE ACTIONS?

4. *What* is THE BEST SOLUTION?

Worksheet 8: STD Rank Ordering

Directions: Rank in order each possible answer, with "1" being your first choice, "2" being the middle choice, and "3" representing the worst answer. *If the teacher asks you,* give the reason why you ranked the answers.

1. Which disease would most young people *least* desire to give to someone else?

_____flu Why:

_____gonorrhea

_____mono (mononucleosis)

2. Most teenagers would be *most* likely to help a person who needs

_____a ride to an STD clinic Why:

_____yard work done

_____help in completing a homework assignment

3. With whom should most teenagers like *most* to talk about being infected with an STD?

_____a friend Why:

_____a parent

_____a teacher

4. Most young people would be the *most* embarrassed being seen going into a

_____family planning clinic Why:

_____mental health clinic

_____STD clinic

5. Most young people would *most* like to learn that they might have an STD from

_____the sex partner in person Why:

_____a letter from the partner

_____an STD case specialist

6. Which disease (or condition) would it be *most* difficult for most teenagers to accept their boyfriend or girlfriend having?

_____cancer Why:

_____genital herpes

_____infertility

7. Which is *worse?*

_____becoming a drug addict Why:

_____becoming or getting someone pregnant (unwed or unintended)

_____passing genital herpes to someone

8. For most parents, it would be the *hardest* to accept a daughter who:

_____failed classes at school Why:

_____got an STD

_____was caught shoplifting

9. If most young people had the chance, which conditions would they choose to end first?

_____poverty Why:

_____racism

_____STD

Worksheet 9: No Way to Jose

Jose and Margarita have been dating for a long time. They live in different towns and see each other on weekends only since both are in school. Jose comes to Margarita's town since he has a car. They are planning to get engaged as soon as they save enough money to buy a ring.

One day Margarita has some sharp pains in her lower stomach area. She wonders if her pains are caused by an STD. Her health class at school had just studied about STD. Margarita decides to go to an STD clinic. The tests show that she has gonorrhea. The counselor asks her to get her partner to a doctor as soon as possible. She realizes that Jose could get very sick with gonorrhea.

Margarita wants to tell Jose in person before the weekend to see a doctor, but she has no way to get to him. She has no car. There are no buses or trains to his town. She asks a friend, Sonny, to take her. Sonny tells her that he won't help because she refuses to go out with him. Sonny has asked Margarita for a date several times. He tells her to check with his friend, Alex.

Margarita goes to Alex's house and asks him to take her to Jose. Alex says that he sells drugs and will take her only if she buys some. Margarita is really worried about Jose getting sick, so she decides to use the only money she has, the engagement ring money, to buy some marijuana. She gives the marijuana to her younger sister, who is in the sixth grade. Margarita says that her sister needs to learn how to smoke marijuana since she is getting older and will be going to a lot of parties.

Alex dropped Margarita off at Jose's house. He was surprised to see her and wondered why she came and how she got there. She explained that she had gonorrhea, and that she wanted to tell him as soon as possible. Margarita asked him to go to a doctor quickly. She then explained how she got there. She said she was very sorry that she had to use the ring money to buy a ride to his house.

Jose was very upset that she had not been sexually faithful. He stated that he understood that they had agreed not to have sex with anyone else. He said that he hadn't slept with anyone. Jose was also upset that she might have given him gonorrhea. And finally, he said that the money was to be used *only* to buy the engagement ring—and nothing else! Jose was so mad that he told Margarita that the engagement was off. He said that he didn't want to see her again.

To get home, Margarita called Sonny from a nearby drugstore. After she explained what happened, he agreed to get her. Sonny thought that this would be his chance to show Margarita that he's the one she should be dating. Before picking up Margarita, Sonny went to Jose's house and beat him up. Sonny was an expert in judo.

Directions A: There are four main persons involved in the story. Rank in order the characters by giving a "1" to the best person, a "2" to the next best, "3" to the third best (or second worst), and a "4" to the worst person. Explain why you chose the ranking.

_____ Alex Why:

_____ Jose

_____ Margarita

_____ Sonny

Directions B: Name at least one positive and one negative trait of each character in the story:

Alex—Positive:

Negative:

Jose—Positive:

Negative:

Margarita—Positive:

Negative:

Sonny—Positive:

Negative:

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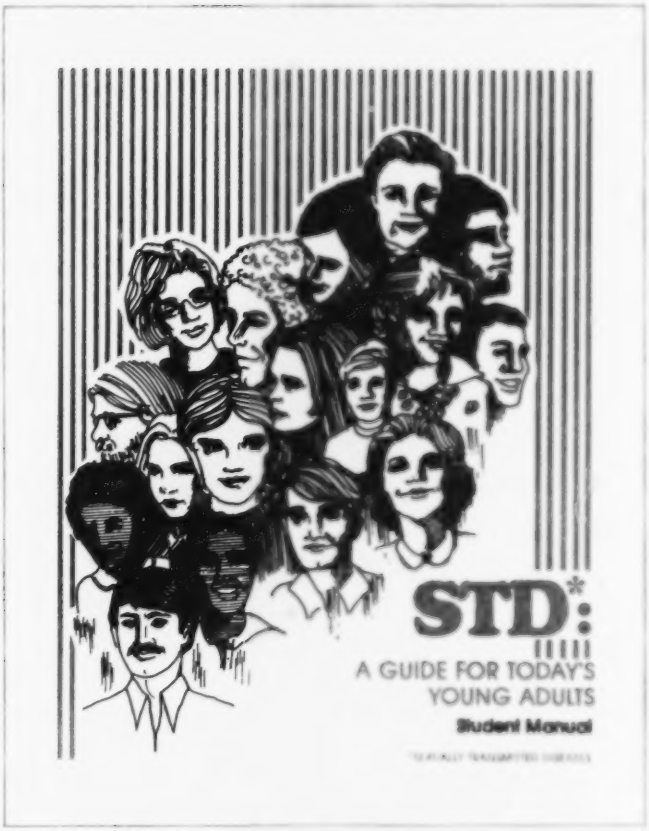

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INTRODUCTION

Sexually transmitted diseases (STD) are among the most common and harmful communicable diseases of young people. Once called venereal diseases (VD), STD affect 5 to 10 million people under the age of 25 in the United States each year.

The most common way STD are passed is through sexual contact. They include diseases which you may have heard about, such as syphilis and gonorrhea. Some other STD are genital herpes, trichomoniasis, chlamydial infections, and genital warts. Ten important STD are described in this book.

Unless treated early, most STD can lead to serious health problems. They can cause sterility, nervous system damage, heart disease, arthritis, and harm to babies. Women and infants suffer the most body damage from STD.

What can you do about preventing them? You can understand the dangers of STD and be responsible for your health and the health of others. This means not catching or passing on an STD. It may also mean getting yourself and your partner to treatment promptly if you suspect that you have an STD.

Not all young people participate in sexual relations. Many choose not to, which is a normal and healthy choice. However, some young people do engage in sex. This book was written to help *all* young people avoid the outcomes of STD. It includes facts for persons who have sex with others and for those who do not. It does not assume that every young person is or should be sexually involved.

The actions of people like *you* are the key to controlling STD. Avoiding STD and their dangers is your role. Getting an STD does not have to be part of being a young person!

OBJECTIVES

After completing this book, you should be able to discuss:

—The HEALTH PROBLEMS caused by STD.
—How STD are TRANSMITTED.
—The major SYMPTOMS of STD.
—What to DO if an STD infection is suspected.
—WHERE a person can get STD treatment.
—Ways to get a SEX PARTNER to a doctor.
—What can be done to STOP the spread of STD.

You should also

—PRACTICE a lifestyle that decreases the chances of getting an STD.
—RECOGNIZE symptoms of an STD.
—AVOID exposing others if an STD infection is diagnosed or suspected.
—SEEK prompt medical care if an STD infection is suspected.
—FOLLOW a physician's directions if treated for an STD.
—GET ALL sex partners to medical care if one has an STD.
—SERVE as a source of accurate information and advice on STD.
—BE SUPPORTIVE and helpful to persons who get an STD.
—PROMOTE STD education, research, and health care.

SELF-TEST I

Part A—STD Facts or Fallacies

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. Record your answers here if this book is yours to keep, or on another sheet if it is not. How well you do will not affect your grade. You are *not* required to complete this form. But, you may want to learn how much you already know about STD.

Answer Key: T = True
F = False
U = Undecided

T F U 1. Syphilis and gonorrhea are the most common STD in the USA.

T F U 2. Upper class people don't get STD.

T F U 3. STD can be transmitted only by genital contact.

T F U 4. The more sex partners a person has, the greater the chances of getting an STD.

T F U 5. For persons with different sex partners, using a condom is the best way to prevent STD.

T F U 6. A person can pass on an STD even though no symptoms are present.

T F U 7. The symptoms of STD are equally noticeable for females and males.

T F U 8. A person who suspects an STD should stop having sex and go to a doctor quickly for an STD check-up.

T F U 9. Persons under the age of 18 must get the permission of their parents to get STD treatment.

T F U 10. A person can usually locate STD/VD treatment by looking under "Venereal Disease" in the telephone book.

T F U 11. Routine physical examinations usually include tests for STD.

T F U 12. A person can get an STD again after being cured, by having sex with a partner who was not treated.

T F U 13. STD case specialists are required to tell a person they contact, who gave them his or her name.

T F U 14. Persons having sex with different partners should have regular STD check-ups even if they don't have STD symptoms.

T F U 15. A person can do more to prevent getting an STD than the health department or doctors.

Answers: The correct answers are given below. Information related to each statement is given in this book. The page where you can learn more about each statement follows the answer.

1. F, STD Fact #1, p. 6
2. F, STD Fact #1, p. 6
3. F, STD Fact #2, p. 9
4. T, STD Fact #2, p. 9
5. T, STD Fact #2, p. 10
6. T, STD Fact #3, p. 13
7. F, STD Fact #3, p. 14
8. T, STD Fact #3, p. 14
9. F, STD Fact #4, p. 16
10. F, STD Fact #4, p. 16
11. F, STD Fact #4, p. 17
12. T, STD Fact #5, p. 20
13. F, STD Fact #5, p. 21
14. T, STD Fact #6, p. 23
15. T, STD Fact #6, p. 23

SELF-TEST I

Part B—Thoughts about STD

For each statement below, circle the symbol (–, 0, or +) that is most like what you think. Record your answers here if this book is yours to keep, or on another sheet of paper if it is not. You are *not* required to mark your response. But, you might enjoy learning about some of your beliefs concerning STD.

	–	0	+
1. People are making too big of a deal out of STD.	disagree	neutral	agree
2. Only bad people get STD.	–	0	+
	disagree	neutral	agree
3. Trying to prevent STD is too much trouble.	–	0	+
	disagree	neutral	agree
4. There is nothing wrong with giving an STD to someone else, since others should watch out for themselves.	–	0	+
	disagree	neutral	agree
5. Persons who pay attention to their genitals for STD symptoms are dirty.	–	0	+
	disagree	neutral	agree
6. People who get an STD should feel ashamed and guilty.	–	0	+
	disagree	neutral	agree
7. Doctors and STD health workers cannot be trusted.	–	0	+
	disagree	neutral	agree
8. Persons with an STD don't have any obligation to get their sex partners to a doctor.	–	0	+
	disagree	neutral	agree
9. Anyone with an STD who gives the name of a sex partner to the doctor is a "squealer."	–	0	+
	disagree	neutral	agree
10. Controlling the spread of STD is the duty of the government and medical people, not individual persons.	–	0	+
	disagree	neutral	agree
11. People with an STD do not deserve help from others, since they got what they deserved.	–	0	+
	disagree	neutral	agree

If you circled:

- – Reflects an attitude which can help prevent STD.
- 0 Reflects no opinion.
- + Reflects a lack of awareness about STD.

STD FACT #1

The STD Problem

Did you know that . . .

—sexually transmitted disease is a new term for venereal disease.

—nearly one-half of STD patients are under the age of 25.

—STD can lead to serious health problems.

A New Name for Venereal Disease

Until recently, only a few diseases were called *venereal diseases.** Syphilis and gonorrhea were the most important ones in the United States. Scientists now know that many diseases can be passed during sexual contact. Now the preferred term is *"sexually transmitted diseases,"* or *STD*. The new term is used in this book.

The Important STD

Scientists have identified more than 20 different STD. Some STD affect only a few people or do not cause serious health problems. Other STD affect many people or cause severe damage. Ten important STD are listed in Table 1. Details about each disease are not as important as knowing how to avoid them and how to get treated. More details can be learned from the Summary Charts of Important STD that begin on page 34.

Table 1. Ten Important STD.

AIDS	A dangerous disease, believed to be caused by a *virus*, which cannot be cured.
Chlamydial Infections (klah-MID-ee-ul in-FECK-shuns)	Major source of *pelvic inflammatory disease* and *sterility* in women and *urethritis* in men.
Gardnerella Vaginitis (GARD-ner-EL-a Vag-in-ITE-us)	Common *infection* of the *vagina*.
Genital Herpes (JEN-a-tul HERP-eez)	A disease caused by a virus that cannot be treated effectively.
Genital Warts (JEN-a-tul WORTS)	Warts found on or around the *genitals* or *rectum*. Often called venereal warts.
Gonorrhea (GON-oh-REE-uh)	The disease most often reported to health departments. A common cause of sterility.
Hepatitis (hep-uh-TITE-us)	An infection of the liver, often not acquired sexually.
Pediculosis Pubis (pa-DIK-you-LO-sis PUE-bus)	Lice or "crabs" found in the pubic hair.
Syphilis (SIF-i-liss)	Much less common than gonorrhea, but can cause serious body damage.
Trichomoniasis (TRIK-uh-MOE-NYE-uh-SIS)	Common infection of the vagina.

* Some words have been italicized. Each of these terms is defined in the "Pronouncing Glossary" that begins on page 39.

Size of the Problem

Before this century, more people died from *communicable diseases* than from any other cause. Today, among people under the age of 75 in the United States, only one percent of deaths are from communicable diseases. Their threat has been reduced through immunization, new treatment drugs, and improved nutrition and *sanitation*.

STD, however, are still a major threat to health. They strike an estimated 20 million people in this country each year, or an average of one person every one and a half seconds. Estimates on the number of cases that occur each year include:

7 million new or recurrent cases of genital herpes
3 million trichomoniasis cases
2 million gonorrhea cases
2 million cases of chlamydial infections
1 million cases of genital warts
90 thousand cases of syphilis

About 85 percent of all STD occur in persons between the ages of 15 and 30. However, anyone can catch an STD regardless of age, sex, race, or social class. Even infants can become infected if the mother has an STD before or at the time of birth. STD cause serious damage to more teenagers than do all other communicable diseases combined.

Damage from STD

At one time, syphilis was the most harmful STD. Syphilis germs enter the bloodstream and can destroy any part of the body. It was once a major cause of heart damage, blindness, insanity, and death. AIDS is a serious threat to the health of people today. Many persons with AIDS have died.

Pelvic inflammatory disease, or PID, is perhaps the greatest STD threat to women. The germs that cause gonorrhea and chlamydial infections are the most common causes of PID. These germs can move from a woman's *cervix*, through her *womb*, and into her *fallopian tubes* and *ovaries*. Damage is done to the delicate tube lining. The tubes or space surrounding these organs can fill with pus. Many women with PID spend a week or more in a hospital.

Even though the infection can be cured, there may be repeated pain in the pelvic area for many years. Scarring in the tubes can prevent a woman from having children. Women who have had PID are also 10 times more likely to have an *ectopic pregnancy* than other women. An ectopic pregnancy is when a fertilized egg grows in the tube rather than in the womb, resulting in the death of the fetus.

Genital herpes cannot be cured. Once the virus enters a person's body, it remains for life. The virus produces painful, itching sores on or around the genitals that last several weeks. In some people, these sores recur many times during a year.

Cancer of the cervix is known to occur more often in women with genital herpes and genital warts. It is not known if these viruses cause this common form of cancer. Babies born of women infected with herpes are at risk of permanent damage and death.

Vaginitis is a general term used to describe an infection of the vagina. It usually involves a *discharge* and itching in the vaginal area. In some women, the *symptoms* may remain for months, or recur regularly.

The list of problems caused by STD is almost endless. They do more serious health damage to women and infants than to men. The STD costs for tests, treatment, and hospital care exceed $2.5 billion each year. Time is lost from school and work. Time spent by doctors and nurses on STD could be used for other health problems.

Unlike most other diseases, STD also inflict heavy social and emotional damage. Some patients may suffer feelings of shame or guilt. These feelings may be especially great when an infant is hurt or dies because of an STD. Often, partners blame each other for the disease. Marriages and friendships are broken.

Why the Problem?

There are many reasons why STD are still such a large problem. Many persons have no symptoms which would alert them to seek care. Because the diseases do cause some people to feel guilty or ashamed, they may delay or avoid treatment. They may also fail to inform a sex partner about the need for treatment.

Some birth control methods used today do not protect a person from STD. Studies have also shown that people today begin sex activities at a younger age than their parents did. People stay single longer. The divorce rate is higher. People are more widely-traveled. These factors are thought to increase the number of persons who are exposed to an STD.

Added to the problem of increased risk is the fact that some germs have become *resistant* to treatment drugs. *Vaccines* and public health methods that protect us from many other diseases have little or no effect on STD.

STD are serious health problems. A person who gets quick, proper care can prevent the problem from getting worse. Most STD can be treated before damage is done to the body and before they are spread to others. Persons who catch an STD need the help and support of others. Efforts to blame or shame STD patients are likely to do more harm than good.

Check-up (Place answers here only if you can keep this book):

1. STD are among the most common communicable diseases in our country. TRUE FALSE
2. Syphilis and gonorrhea are the only important STD in our country. TRUE FALSE
3. In which age group do STD occur most frequently? _____
4. Which persons suffer the most body damage from STD? _____

Answers to Check-up:

1. True. About 20 million Americans are affected by STD each year. Some health experts suggest that STD are more common than all other communicable diseases besides the common cold.
2. False. There are important STD in our country in addition to syphilis and gonorrhea, such as genital herpes and chlamydial infections. This book describes ten STD (see the Summary Charts of Important STD beginning on page 34).
3. Young persons. About 85 percent occur in persons between the ages of 15 and 30. About one-half of STD patients are under the age of 25.
4. Women and babies.

What Do You Think? (Don't write your response to these questions anywhere, but try to answer them in your mind.)

1. Should a person feel guilty and ashamed if he/she gets an STD? Why?
2. Should STD be viewed as punishment for sexual activity? Why?
3. If STD were transmitted only by an insect bite, would society have a more positive attitude toward them? Why?

Life Situation #1 (Try solving this problem before reading the answer.)

Some young people in your town have sex. They do things to prevent pregnancies. But, they are very casual about having sex with different partners. They say that people make too big a deal about STD and that they aren't worried about them.

Question: Are these people right in what they believe about STD? If you had the chance, what could you say to help them understand the STD problem? (See page 26 for the answers.)

STD THROUGH THE AGES

#1: Ancient Evidence of STD

The germs that cause STD have only been discovered in the last century. Until modern times, poets and priests were as likely to write about diseases as were doctors or scientists. The writings, art, and preserved bones from many ancient cultures, however, offer evidence that STD have plagued man since the beginning of time.

The oldest books in the Bible describe diseases that probably were gonorrhea and syphilis. In the book of Leviticus, Moses prescribes treatment and public health measures for a "running issue" out of the flesh, now thought to have been gonorrhea. In Deuteronomy, Moses warns about the "Botch of Egypt," a disease that sounds much like our syphilis. And, the descriptions of leprosy found in the Bible and other old writings more accurately fit the diseases we call syphilis and scabies today.

Hippocrates, a famous Greek physician who lived 2500 years ago, wrote about syphilis-like sores. An even older Egyptian papyrus from 3500 B.C. offered an herbal remedy for painful urination. Susruta, an ancient Hindu writer, also described gonorrhea. Nearly 2000 years ago, the Roman Emperor Tiberius outlawed public kissing to curb a herpes epidemic.

#2: Early Names for STD

The names for gonorrhea and herpes are relatively old. Galen, a Greek physician (130-210 A.D.) gave gonorrhea (*gonos*, seed; *rhoia*, flow) its name, thinking, in error, that the pus discharge was the loss of waste semen. In the same era, the Greeks named herpes, using a word that means "to creep." The name described sores that seemed to creep or spread over the surface of the skin.

Syphilis was called by many names until late in the 1700s. Between 1495 and 1500, when a deadly epidemic of syphilis raged throughout Western Europe, some 400 different names were used for the disease. It was often named (blamed?) after other countries. It was known as the German pox, the Polish illness, and the Portuguese disease. In New Zealand, syphilis was called the Merike (American) disease. Its most common names in countries other than France, though, were the French pox or Great pox.

An Italian poet, Girolamo Fracastoro, wrote a poem in 1530 about a shepherd boy who angered the sun god. The sun god poured poison rain on the land—the French Disease. The shepherd boy's name was Syphilis. After some years, the boy's name became the name used for the disease.

STD FACT #2

Avoiding STD

Did you know that . . .

—STD are most often transmitted during sexual contact.

—sexual abstinence and fidelity are the surest ways of avoiding STD.

—persons having sex can do things to reduce the chances of getting an STD.

STD Organisms

STD are caused by *organisms* that can be passed from person to person. The organisms include *bacteria, protozoans,* viruses, and very small insects such as the pubic louse. They usually live in the warm and moist parts of the body, called *mucous membranes.* The *penis,* vagina, rectum, mouth, and eyes have mucous membranes.

Transmission of STD

Sexual Activity. Most often an STD is picked up from someone who already has the disease. They are passed during *sexual intercourse* or other intimate behavior. The sexual contact can involve persons of the opposite or same sex. However, *masturbation* does not cause STD.

STD usually invade a person through the mucous membranes. They are *transmitted* when an infected mucous membrane of one person touches a mucous membrane of another person. Some STD can be passed by deep kissing or skin-to-skin contact. But, these ways of transmitting an STD are not common.

A person can get an STD many times. That is, a person does not develop an *immunity* to an STD after having it.

Sexual Lifestyle. Persons who do not have sex with anyone are not likely to get an STD. Persons with one partner only rarely acquire an STD. People with many sexual partners have the greatest chances of getting an STD. They increase the risk with each new partner they have. The chances of infection are high if any of these persons have several sex partners, or are not careful about their own sexual health.

STD from Objects? You may have read that STD can be contracted from objects like door knobs, toilet seats, and drinking glasses. It is almost impossible to get an STD in this manner. Light and air destroy STD organisms very quickly.

Some STD, like gonorrhea, syphilis, and genital herpes, are very unlikely to be caught from an object. However, such diseases as hepatitis and pediculosis pubis are sometimes picked up through nonsexual means. Pediculosis pubis can be acquired from contaminated clothing and bedsheets. Hepatitis can be acquired from contaminated needles.

STD without Sex? Besides the slim chance of getting an STD from an object, most STD can be passed from an infected mother to her baby before or during birth. Further, women can develop some infections in the vagina without having sex. These infections can be passed to others during sex, although most often they are not.

Prevention of STD

Sexual Abstinence. Naturally, the most certain way not to catch an STD is to avoid sexual contact with infected persons. One sure way to do that is by *sexual abstinence.* This means not having sex with anyone.

Sexual Fidelity. The next most certain way of not getting an STD is by *sexual fidelity,* meaning two people sharing their sex life with each other only. A couple who practices sexual fidelity is unlikely to get an STD.

Persons with Different Partners. Persons with different partners, or whose one partner could have an STD, can reduce their chances of getting an STD. The methods aren't perfect. Nor have they all been proven effective. One can avoid most STD when techniques are used carefully and all the time.

1. **Using a Condom.** The *condom*, also called rubber or *prophylactic*, protects either sex from STD. It does this by keeping germs from entering or leaving the penis. The condom does not provide protection from organisms that can enter the body anywhere. Since most STD are passed by contact with the genitals, the condom is the best mechanical STD preventive measure. It should be placed on the penis before any sexual activity begins, not just before intercourse. Further, it should be kept on during any time the penis touches the partner.
2. **Selecting Partners.** Contact with persons who are likely to get an STD should be avoided. This includes persons having STD symptoms and those with many different partners. If a sex partner is not well known, it is wise to exchange names and phone numbers. Then, each person can reach the other if an STD infection or another problem occurs.
3. **Washing after Sex.** There is little evidence that washing prevents STD infections. However, this method may remove some STD organisms that have not yet entered the body.
4. **Urinating after Sex.** *Urinating* after sexual contact may flush out some STD germs, particularly for males.
5. **Contraceptives.** Contraceptive foams, creams, and jellies may prevent some STD. The use of foam and a condom at the same time is very effective. Diaphragms may also stop some organisms from getting into the uterus. However, the pill and intrauterine device (IUD) do not prevent STD.
6. **Other.** A person should look for the symptoms of an STD, like sores, rashes, or pus from the genitals before sex begins. One should look for symptoms on the partner, as well as on oneself. The couple should avoid sex if either has STD symptoms. Of course, a person can still have an STD even if there are no symptoms.

Vaccines. There is a vaccine for only one STD. Scientists have developed a vaccine for hepatitis B. Scientists are working on vaccines for some other STD, but it will be years before any are ready for public use.

Protecting Babies

As stated before, a mother can pass an STD to her baby before or during birth. Nearly all STD can be transmitted this way. In most cases, prompt treatment can protect the baby from permanent damage. Many states require both partners to have a syphilis test before marriage and females to be tested for syphilis after becoming pregnant. Also, every state requires that special medicines be placed in the eyes of babies soon after birth to protect them from gonorrhea. Babies born at home may not get this protection.

A woman who gets pregnant should have a check-up for STD. Likewise, if a woman has an STD and becomes pregnant, she should tell her doctor. This is especially true if she has genital herpes. And, certainly, a pregnant woman should use the preventive measures discussed here to keep from getting an STD.

Check-up (Place answers here only if you can keep this book.):

1. It is possible to have some STD without ever having sex. TRUE FALSE
2. What are the two surest ways of avoiding STD? _____ and _____
3. The more persons an individual has sex with, the greater the chances of getting an STD. TRUE FALSE
4. What is the most effective STD preventive measure for persons with different partners? _____

Answers to Check-up:

1. True. A female can develop some vaginal infections without having sex. A baby could get an STD from an infected mother. And, it is possible, although very rare, to get some STD from objects.
2. Sexual abstinence and fidelity.
3. True. Persons with different partners have the greatest chance of getting an STD. The risk is increased with each new partner.
4. Condom. Other important preventive measures are careful selection of partner and washing and urinating after sex.

What Do You Think? (Don't write your responses to these questions, but do try to answer them in your mind.)

1. Would most young people be willing to practice sexual abstinence or sexual fidelity *just* to prevent STD? Why?
2. Why don't more people use the condom when having sex? What could be done to make the condom more appealing?
3. If there were vaccines for each STD, should they be available to teenagers? Should people be required to be vaccinated? Why?

Life Situation #2 (Try solving this problem before reading the answer.)

Cindy is 18 years old and has a younger sister, Susie, who is 15. Cindy and Susie are very close and often talk to each other about personal things. Susie knows that Cindy learned about STD in school and asks her how a person can keep from getting an STD.

Question: If you were Cindy, what would you tell Susie about avoiding STD? (See page 26 for the answer.)

STD THROUGH THE AGES

#3: Early Ideas about the Cause of STD

For most of human history, ideas about disease causes were based more on myth and superstition than on science. People thought that diseases resulted from comets or the way stars and planets were aligned. Others believed they were from body fluids getting out of balance, from gods angered by human actions, or that they sprang out of bad air (mainly night or swamp air).

During the Dark Ages (1000-1400), gonorrhea was unique in that its way of being passed was widely recognized. As early as 500 B.C., Hippocrates had described the manner of catching gonorrhea as "accesses of the pleasures of Venus," (the goddess of love). Its true germ cause, however, was not discovered until 1879.

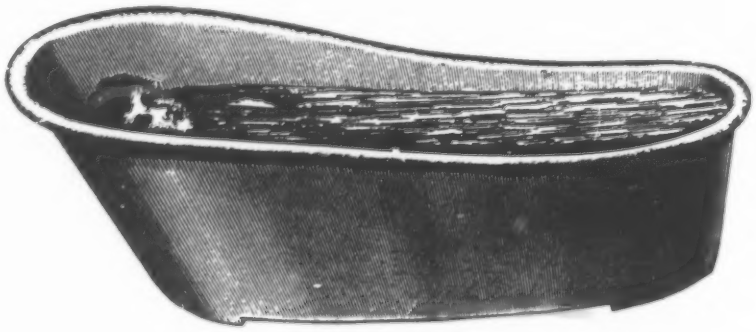
The syphilis epidemic of the early 1500s was blamed on a conjunction of Jupiter and Saturn on October 14, 1484. Others thought the disease was caused by an excess of white fluids in the body, or by "seed fermentation" from pooling of semen from many partners in the same woman. Also common was the belief that the disease sprang up in French and Spanish soldiers during the Siege of Naples (1494), who were rumored to have eaten human flesh and drunk wine that had been mixed with blood from lepers. Martin Lister, a famous English physician (1638-1712), believed that the disease came from America in sailors who had eaten iguana, a large lizard.

The true germ cause of syphilis was first discovered in 1905.

#4: Early Control Measures

Galen, who gave gonorrhea its name, taught that the disease could be stopped through cold baths, wrapping the sex organs in wool, and abstinence. In Persia, treatment for the disease included placing a live louse inside the patient's penis. Doctors in Egypt forced cold sea water mixed with vinegar or urine, under great pressure, into the penis to treat the disease.

A self-help book published in 1730 in America, *Every Man His Own Doctor*, told how to prevent syphilis: avoid eating flesh (mainly fresh pork), avoid strong drink, don't catch cold, don't live too near a swamp, and, as an afterthought, don't "venture upon a strange woman." If the advice wasn't heeded, syphilis could be treated with pills made of turpentine and deer dung in equal amounts. A later (1924) American book's treatment for gonorrhea was warm baths, warm drinks, holding the penis in warm water, putting leeches on the scrotum, and walking barefoot on a cold floor.



STD FACT #3

Recognizing an STD Infection

Did you know that . . .

—The major symptoms of STD are genital discharge, abdominal pain, painful urination, skin changes, and genital itching.

—A person who suspects an STD infection should: (1) stop having sex; (2) promptly go to a doctor; (3) get sex partners to a doctor.

Being Aware of Your Own Body

Anyone having sex with another person needs to be alert for the symptoms of STD. This is especially true for persons having sex with different partners. Any unusual or unexplained changes in the health of these persons may indicate an STD. Of course, the changes could be caused by other diseases. Changes in the genitals, especially, may be caused by an STD. However, the symptoms of some STD can appear anywhere on the body.

There are many STD. Many of them cause symptoms that are similar to other diseases. The symptoms of STD can be complex and confusing. Doctors often cannot tell by just looking. So, a person should not try to *diagnose* his or her own condition. That's the doctor's job. The important thing is for the person to recognize when there might be an STD infection and to see a doctor promptly. The sooner a doctor finds out which, if any, STD is present, the sooner treatment can begin for the person and his or her partners. Then, there is less chance of damage from STD, or that it will be passed on to someone else.

Important STD Symptoms

A person might have an STD if any of these symptoms are present: (The Summary Charts of Important STD that begin on page 34 list the symptoms for ten important STD.)

Genital Discharge. For men, pus may come from the penis. This may indicate gonorrhea, a chlamydial infection, or other STD. The discharge may be white, yellow, clear and watery, or thick. Women may also have a discharge. Since the discharge is often slight and inside the vagina, it may not be noticed. Further, it may not seem much different than the normal moisture in a woman's vagina.

Abdominal Pain. Women may have *abdominal* pain from an STD, which may indicate pelvic inflammatory disease.

Painful Urination. A burning feeling during urination, or frequent urination, may be a symptom of an STD.

Skin Changes. These symptoms include sores, rashes, blisters, and warts. Sores or blisters may be a symptom of syphilis or genital herpes. They may not be painful. Most often they appear on or near the genitals. A rash may indicate syphilis, and a person can acquire pink or reddish warts on or near the genitals.

Itching. Itching on the genital areas, or other body parts, may be a symptom of pediculosis pubis ("crabs"). In females, itching may be caused by infections of the vagina.

Having an STD without Symptoms

Some STD do not have any symptoms until the disease is well-advanced. Often the symptoms disappear, and then come back again, as the disease progresses. In some STD, the early symptoms disappear without treatment. Infections inside the mouth or anus are hard to notice. Most STD can still be passed on to someone even though the symptoms are not noticed, are absent, or disappear.

Males are likely to notice STD symptoms earlier than females. That's because male genitals can be seen more easily. Most women who have an STD do not know they are infected. For example, up to 80 percent of women with gonorrhea do not have symptoms. Women, therefore, are at a greater risk of attaining serious problems from STD. About 20 percent of men with gonorrhea don't have symptoms.

What to Do after Recognizing the Symptoms

Stop Having Sex. A person should stop having sex once an STD is suspected. This prevents the disease from being transmitted to any partner not already infected.

Go to an STD Clinic or to a Doctor. If a person detects any symptoms of an STD, he or she should go quickly to a doctor. Feelings of guilt or shame should be put aside. The important concern is to get medical treatment promptly. Home remedies, products bought in the mail, or drugs from friends should not be used. Only qualified medical people can give the correct care. Persons suspecting an STD shouldn't gamble that it might be something else or that it will go away. They should get a complete STD check-up from a doctor. Places that treat STD are discussed in STD Fact #4.

Get Partner to Treatment. Persons who think they have an STD should also try to get their sex partner(s) to a doctor right away. Since often the first warning that a woman has an STD is when her partner is infected, female partners especially should be advised. Partners who have no symptoms of an STD should still see a doctor. Suggestions on how to get a partner to a doctor are given in STD Fact #5.

Check-up (Place answers here only if you can keep this book.):

1. What are the five major symptoms of STD? _____

   _____

2. A person has an STD only when the symptoms are present. TRUE FALSE
3. What three things should be done by a person who suspects an STD infection? _____

   _____

Answers to Check-up:

1. The major symptoms of STD are: (1) genital discharge; (2) abdominal pain; (3) painful urination; (4) skin discharge; (5) genital itching.
2. False. The symptoms of STD are sometimes absent or not easily noticed. But, the person may still have the disease, and it can be passed to someone else. More males than females have symptoms of STD.
3. A person suspecting an STD infection should: (1) stop having sex; (2) go to an STD clinic or doctor quickly; (3) get the sex partner to a doctor.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Would most young people be alert to the most common symptoms of STD?
2. How would you feel if you gave an STD to someone? How could you deal with any unpleasant feelings?
3. Would most males, after being diagnosed as having an STD, notify a female sex partner that she might have an STD? Would most females inform a male partner?

Life Situation #3 (Try solving this problem before reading the answer.)

Henry and Beverly are going steady and having sexual intercourse. Henry, however, sometimes has sex with someone else. A few days ago Henry noticed some painful blister-like sores on his penis and feels like he has the flu. He hopes that the symptoms will go away without seeing a doctor. The blisters are too painful for Henry to continue having sex with Beverly and the other partner. Beverly hasn't mentioned any problems with her genitals, so Henry doesn't tell her about the sores. Then, in a couple of weeks, Henry's sores disappear. He now thinks he is all right, decides not to go to a doctor, and starts having sex again.

Question: Did Henry do any correct things? What should he have done in this situation? What information about STD did Henry not know? (See page 26 for the answers.)

STD THROUGH THE AGES

#5: "Five Minutes with Venus—A Lifetime with Mercury"

For almost four hundred years, mercury was the most widely-used syphilis treatment. Salves made out of animal fat and mercury were rubbed on the sores and rashes caused by the disease. Or, mercury was heated in special ovens while patients breathed the fumes for hours at a time. Compounds of the silver metal were also drunk.

Mercury caused a heavy flow of saliva. Its use was based on an old idea, first taught by Hippocrates, that illness resulted from one body fluid being out of balance with the rest. The aim in syphilis treatment was to remove three pints of saliva from the patient daily. Places set up for this treatment were called spital-houses, which some scholars suggest is the source for our word, hospital.

Mercury, or quicksilver, as it is often called, is a poison. Doctors had to be careful in its use. Treatment often lasted for 20 or more years. Hence the saying, "Five minutes with Venus, and a lifetime with Mercury." Since treatment was lengthy and far from pleasant, large amounts of the precious salves were sold by butchers, blacksmiths, and other false doctors who traveled from town to town. By the time the poisonous salves' effects were seen, the salve seller would be long gone. These people were called quicksilver salvers or quacksalvers. The term was later shortened to quacks, our word for greedy, false doctors.

#6: Fever Treatment

Paul Erlich, a Nobel prize-winning chemist, found the first true cure for syphilis in 1907. By 1940, patients with early syphilis who could endure weekly shots of painful arsenic and bismuth over 70 weeks' time could be cured. During this same era, fever or heat was widely-used for patients with late syphilis.

Syphilis and gonorrhea germs quickly die if exposed to light or small temperature changes. In the early 1800s, some doctors had noted that mental illness caused by syphilis seemed to have become more common after Jenner's smallpox vaccine had begun to bring that disease under control. And, they found that the mental state of some insane persons improved after an attack of smallpox. An early attempt at fever treatment was to draw braided strands of horsehair through the chest skin and scalps of mental patients. The horsehairs were pulled back and forth daily to increase the buildup of pus and the patient's fever. Some who survived the treatment may have been helped.

Julius von Wagner-Jauregg was the first to use malaria to treat the syphilitically insane, for which he received a Nobel prize in 1927. Patients were given malaria, which produced high fevers, and after several days were treated with quinine. About 40 percent of the cases were cured of their syphilis, but almost 30 percent of the patients died from the malaria. This was soon replaced with fever boxes and blankets that used sound waves or electric currents to raise a patient's body temperature to about 107°F for six to eight hours. Early tests caused many severe burns and deaths from heatstroke. But, by the 1940s, fever treatment was widely and safely used to treat many advanced syphilis and gonorrhea cases.

STD FACT #4

Seeking Treatment

Did you know that . . .

—minors can get STD medical care in every state without their parents' permission.

—public STD clinics, private doctors, family planning clinics, and hospitals are major places to get STD treatment.

—STD treatment will be more successful if the patient follows the doctor's directions exactly.

As stated in STD Fact #3, "Recognizing an STD Infection," a person who thinks he or she might have an STD should go to a doctor right away. The sooner one goes, the less likely the person will become seriously ill or give it to someone else. Remember, people who think they might have an STD should not try to diagnose or treat themselves.

Confidential Treatment for Minors

Some young people can talk with their parents about having an STD. Others cannot and wouldn't want their parents to find out if they got an STD. These people are sometimes afraid to go to a doctor. They're afraid that their parents will be told.

In every state, *minors* can be checked and treated for an STD without their parents' permission. The law applies to persons 12 years old and over in some states, and 14 years and over in other states. Call your health department or an STD clinic to find out about the law in your state. Also, all STD clinics treat the medical records of STD patients *confidentially*.

Finding Medical Help

Sources of STD Care. STD treatment is usually easy to find. In most places, there are several choices of where to go. Most large communities have a public STD clinic. These clinics usually do a very good job diagnosing and treating STD. They also make a person feel as comfortable as possible during the visit. A family doctor or another private doctor can provide treatment. Many family planning clinics and hospitals can treat people for STD.

Using the Local Telephone Book. A person can locate medical help by using the telephone book. However, finding the right number to call is not always easy. The location of information in the phone book varies from city to city. But, here are a few hints:

—In most cities, the STD or VD clinic is not listed under "venereal disease," "VD," or "sexually transmitted diseases." That is, it is not listed in the "V" section or "S" section of the white pages. Since a few cities do list their clinics that way, a person can check the white pages just to be sure.

—Probably the best way to find STD help is by looking for the health department in the phone book. Usually the health department is listed with the county or city government offices. In a few cities it is listed in the "H" pages under "health."

—Government departments are almost always given in the yellow pages under "government offices." Sometimes, they are given in the white pages under the name of the city or county, or in the "G" pages. And, some phone books have a special section of blue pages which lists government numbers.

—In large cities there may be several pages of government listings. The STD or VD clinic may have its own listing. Most often there will just be a number for the health department. It may be called Health Services, Public Health, Health Department, or some similar name.

—If there is a main office or information number listed for the health department, this number can be called to find out where a person can get help for an STD. A person should call the clinic to find out the hours it is open.

—Finally, a person can call a crisis telephone hotline. Many cities have telephone hotlines for persons with problems. Most hotlines can suggest a clinic.

The VD National Hotline. The American Social Health Association has a telephone hotline that can tell a person where to get STD treatment. The hotline can be called from every state, except Alaska and Hawaii. The VD National Hotline number is 1-800-227-8922. (In California, it is 1-800-982-5883. In Alaska and Hawaii, call your local health department.) This call is free and will not be charged to the phone bill as a long-distance phone call. The hotline can also answer questions about any STD. The telephone operators do not ask the caller's name or make him or her feel uncomfortable. They are trained to provide accurate information and to give callers the best advice.

Remembering Sources of Help. There is a place on the inside front cover where the name of a clinic or health facility that treats STD can be written. Write in the book only if you can keep it. If you cannot, ask your teacher for a copy of the page. Find out where a person can get STD treatment in your area and write it down. Then, if anyone ever needs to know where to go for medical help, it can be quickly found.

Money a Problem? If money is a problem, a person should still seek proper treatment. Many public STD clinics or birth control clinics will treat a person for free. Some may charge a small fee. No one needs to delay seeking help because of a lack of money.

The Treatment Experience

Helping the Doctor. An STD examination is not the same as a routine check-up. Special tests are done to find out if a person has an STD. Doctors or clinics that treat many health problems besides STD will often not do STD tests unless a patient asks for them. Other facts that are known only to a patient can help a doctor decide which tests and treatment should be given.

A patient should inform the doctor why an STD is suspected. This might include any symptoms that the patient has noticed or any knowledge that a sex partner has an STD. A patient should also tell the doctor what parts of the body have been exposed and when the contact took place.

Patients should ask questions about anything that is not clear. Some drugs should not be taken with food or other medicines. Some activities may have to be avoided. A person who has an STD should stop having sex until it has been cured. By asking questions and following the doctor's directions, patients can help make sure that they receive the best possible care.

Tests and Treatment. People examined for an STD do not need to be tested for all of the possible diseases. In most cases, two or three tests need to be done. None of the tests are very painful, nor do they take much time.

First, the doctor will examine a patient. This is done to see if there are any *signs* that the patient did not notice. Then the doctor will take a small sample of blood from the patient's arm. Next, fluid is taken from the patient's genitals or other exposed areas with a cotton-tipped swab.

Sometimes a doctor can tell right away if a person has an STD. At other times, the doctor must wait several days before test results can be known. Treatment may begin on the first visit in either case. This is more likely when the patient is known to have been exposed or when certain symptoms are present.

STD are not all treated in the same way. The type of treatment given depends on many factors. The doctor must decide which drug is best for each case. Sometimes shots are used. In other cases, an STD may be treated with pills or creams. The patient should always find out what is to be done or not done to make sure that the treatment will work. Drugs or medicines should be taken exactly the way a doctor prescribes and should not be shared with others.

There are no drugs yet that can cure AIDS or genital herpes. Most of the other STD can be cured in a short time. A person treated for an STD may be asked to return for follow-up tests. Even when the symptoms have disappeared, these tests are important. They are the best way to tell if the disease has been cured or not. Remember that a person can have an STD and not have any symptoms.

Sex Partner Referral. If a person has an STD, the doctor, a nurse, or someone with special training may talk to the patient about sex partners. The partners may need treatment also. Ways in which partners can be informed are discussed later in this book in STD Fact #5.

Check-up (Place answers here only if you can keep this book.):

1. Young persons can receive STD treatment without the permission of parents. TRUE FALSE
2. What are the main places where a person can get STD treatment? _____

_____

3. Most cities having an STD or VD clinic list it under "veneral disease" in the telephone book. TRUE FALSE
4. What are some important things a person should do after being diagnosed as having an STD? ___

_____

Answers to Check-up:

1. True. In every state, minors can be tested and treated for STD without their parents' consent. The law applies to persons 12 years old and over in some states, and 14 years old and over in others. Call an STD clinic or the health department if you want to find out the age for your state.
2. Places that can give STD treatment include public STD clinics, private doctors, family planning clinics, and hospitals.
3. False. Only a few cities with an STD/VD clinic list it under "V" in the white pages. The best way to locate STD treatment is by calling the health department or the VD National Hotline.
4. Anyone diagnosed as having an STD should follow the doctor's directions during treatment, stop having sex until cured, be sure that partners have been, or will be, checked for an STD, and return for follow-up tests.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Could most teenagers, if they got an STD, discuss the illness with their parents? Could you? Why? If you were a parent, would you want your child to tell you?
2. How would most teenagers feel about going to a doctor or STD clinic for STD tests? Would they be afraid or would they feel comfortable?
3. What would be your most important concern if you just learned that you have an STD?
4. If you got an STD, would you want to talk to someone about it? If so, whom?

Life Situation #4 (Try solving this problem before reading the answer.)

Sara, age 17, discovers from a sex partner that she might have an STD. This makes her feel ashamed and guilty. She knows that she should go to a doctor. But, she's afraid to see her family doctor, fearing that her parents will be told. She doesn't know where else to go for tests since she doesn't have much money of her own.

Question: How could Sara find out where to go for STD tests? What information does she need to know about teenagers getting STD treatment and being treated without much money? What could you say about STD to decrease Sara's feelings of guilt and shame? (See page 26 for the answers.)

STD THROUGH THE AGES

#7: Penicillin

For years, countless experiments were ruined by a common green mold that destroyed disease germs in culture plates that a scientist was attempting to grow. It wasn't until 1928, though, that a British physician, Dr. Alexander Fleming, observed that this feature of the mold might serve a good purpose. He found that the mold, which he named penicillin, destroyed a wide range of bacteria.

It took ten more years for Fleming's green mold to bear practical fruit. The growing stress of World War II caused efforts to protect soldiers from STD to be increased. A group of British scientists found a way to produce penicillin in useful amounts. And, they showed its effects against many diseases in man with few side effects.

In 1943, an American doctor, John Mahoney, treated four men with early syphilis who were quickly and fully cured by penicillin. Syphilis had been a leading cause of illness and rejection among would-be soldiers. Treatment was shortened from the 70 weeks of arsenic and bismuth to less than two weeks. Penicillin's title of "Wonder Drug" was well-earned. Its discovery is considered to be the greatest advance against communicable disease in all of history. Though many germs have grown resistant to the drug, it remains the first line of treatment for syphilis.

#8: Herpes Treatment: Modern Witchcraft

The story of herpes treatment today sounds sadly like that of syphilis hundreds of years ago. No cure has been found for the disease. But the numbers of "cures" tried by its many victims run into the thousands. Greedy quacks have been quick to exploit the fear, pain, and shame of those victims with limited knowledge about the disease.

The disease lends itself well to quack cures. The sores and lesions of herpes, like with early syphilis, heal themselves without treatment. For many people, the sores seldom or never recur. Their bodies' normal immune system keeps the virus in check. Worthless cures will appear to help many such persons just by the laws of chance. Emotions are also known to play a role in recurrences. Persons who believe that a "cure" will work may gain a mental lift—the well-known "placebo" effect—that makes the treatment appear to work, when it was the person's own body that caused healing to occur.

Although advances in herpes treatment may occur in the future, persons with herpes are well-advised to avoid books, drugs, or diets that promise rapid cure for herpes. The only ones who gain from quack cures are the sellers.

STD FACT #5

Getting Partners to Treatment

Did you know that . . .

—the major reasons for getting sex partners to a doctor are to: (1) prevent serious illness in the partners: (2) prevent reinfection; (3) help control the spread of STD.

—one of the best ways to be sure a partner gets treatment is to take him or her to the doctor on the first visit.

—STD case specialists can contact sex partners if the patient does not want to, or cannot.

Persons who acquire an STD and get it treated have done the right thing. However, they have met only part of their responsibility. Helping sex partners get to a doctor is also important. Partners must be notified quickly.

Why Get Partners to a Doctor?

Prevent Serious Illness in Partner. Helping a partner to treatment might spare him or her from getting very sick from STD. A lot of pain and suffering can be prevented. Remember from STD Fact #3 that many persons—particularly women—don't have any early noticeable symptoms of an STD. Symptoms may not appear until the disease has become advanced. At that stage, serious health problems may have developed. A person's warning may be the partners' first clue that they might have an STD. The partners may have passed the disease to others without knowing they were infected.

Prevent Reinfection. A person can get reinfected by a partner who is not treated. This can happen if sexual activity resumes before an infected partner is cured. An STD can be like a dangerous ping-pong game, going back and forth between two people. The persons should not begin to have sex again until both have been cured.

Help Control the Spread of STD. Getting a partner to treatment will help control the spread of STD. Not only will the partner be treated, but that person can encourage any of his or her other sex partners to be treated.

Ways of Getting Partners to Treatment

Taking Partner to the Clinic. One of the best things a person can do is to take the sex partner to the doctor or clinic during the first visit. Doing this helps get a partner, and the partner's partners, treated sooner. If a person waits until after being diagnosed, the person can still offer to take the partner to the clinic. Having someone to go with might make the partner feel more comfortable.

Inform Partner Directly. If a person can't take a partner to the clinic or doesn't want to, the partner can be informed directly. This can be done face-to-face or over the telephone. Some people would rather tell their partners themselves. Others want someone else, like an STD case specialist, to inform them. Most people probably know best how their partner would want to find out.

Talking to a partner directly would be a good chance to share any emotions that one might have about getting an STD or giving it to someone else. Talking about it can help a person deal with these feelings.

Telling the partner that he or she might have an STD may be a little uncomfortable. But, it may not be as bad as one thinks. If a person doesn't know how, here's an example of what one person said to his partner:

> "Carmen, I want to talk with you. It's not easy telling you this, but I've got gonorrhea. I'm sorry, but that means you might have it too. I've been to a doctor and took care of it. I'll be all right. But, the doctor says you need to be checked too. Even if you don't have any symptoms of gonorrhea, you still might have it and could get real sick if it isn't treated. You've got to see a doctor. I know a clinic where you can go. No

one, not even your parents will be told. It's no hassle. I want to help you. Can I help by going to the clinic with you? Carmen, please go right away!"

An STD Case Specialist Can Help. A doctor or STD case specialist can help to notify partners. Even though the doctor doesn't actually do the contacting, he or she knows how to get in touch with a case specialist. Informing partners is very important for their health and for preventing the spread of STD. A person isn't being disloyal by giving names to a case specialist. Caring for the partner's health is a sign of loyalty and maturity. It does the partners a great favor by helping get them to medical treatment.

Talking with the STD case specialist may be helpful even if a person doesn't know the name of a partner. (Remember the suggestion in STD Fact #2 that everyone should get the name and phone number of all sexual partners.) Case specialists can often locate people even without having their names.

Case specialists talk with partners privately and inform them that they might have been exposed to an STD. They also help get partners to a doctor or clinic. The case specialists don't scold people or pass judgement on them. All of the information is kept secret. And, the identity of the person who gave his or her name is not mentioned to the partner.

Sending a Letter. As a last resort, one can send a letter to the partner. This should be done only if it is certain that no one else will read it. It should be sent as soon as an STD is discovered. Any delay in the letter getting to the partner might mean that a possible STD could be getting worse. To help the partner get the letter sooner, one could deliver it in person. A person can say some of the same things mentioned in the example of the face-to-face/telephone contact. Or, one might write something like this:

Dear _____:

I've just learned that I've got syphilis. Since we've been together, you may have it too. I hope not. But the doctor says you need to be checked very soon. A person can have a sexually transmitted disease without any symptoms. Don't gamble. Play it safe and go to a doctor or clinic for a check-up.

If you are infected and have been with other partners, they should see a doctor too. The chances of getting infected again are very high if everyone is not cured.

Sincerely,

(your name signed)

Check-up (Place answers here only if you can keep this book.):

1. What are the three main reasons why it is important to get a sex partner to a doctor? _____
   _____
2. People can get reinfected with an STD if they resume sex after treatment and the partner has not been treated. TRUE FALSE
3. What is the best way to make sure that a sex partner gets treatment? _____
   _____
4. Case specialists will tell a sexual partner where his/her name was obtained. TRUE FALSE

Answers to Check-up:

1. Preventing serious illness in the partner, preventing reinfection in one's self, and helping control the spread of STD are the major reasons for getting a partner to treatment.
2. True. A person can become reinfected if sexual activity resumes before an infected partner is also cured.
3. One of the best ways a person can be sure that the partner gets STD treatment is by taking him or her to the doctor on the first visit.

4. False. Information about the source of his/her name is kept secret. A case specialist will never mention a person's name to the partner.

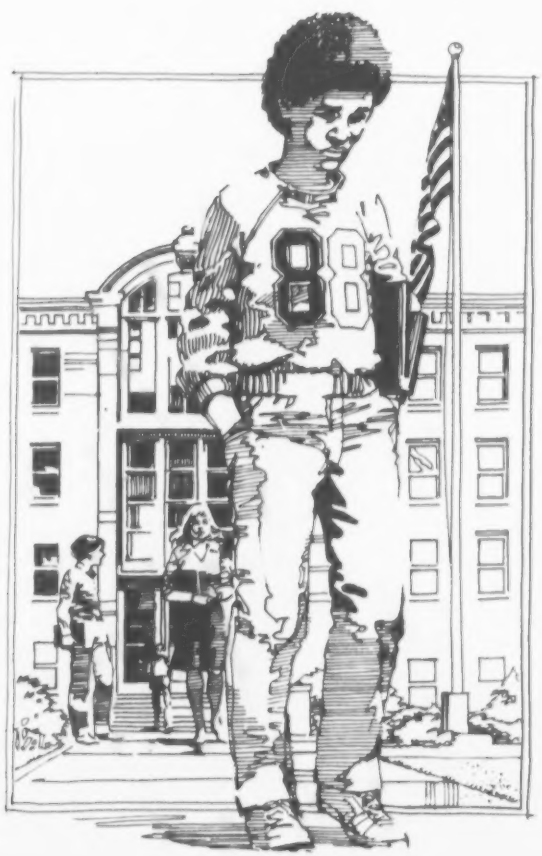
What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Would most young people feel comfortable taking a sex partner with them to an STD clinic or doctor? Why?
2. How would you feel about telling a sex partner he/she might have an STD?
3. How would you want to find out that someone had exposed you to an STD? Would most teenagers want to be told by a sex partner or a case specialist?
4. Is giving a sex partner's name to the STD case specialist "squealing"?

Life Situation #5 (Try solving this problem before reading the answer.)

Frank learns from his doctor that he has gonorrhea. But, he doesn't like the idea of telling his partner, Lou. He says that he just doesn't know what to say. He finally decides not to talk with Lou since, according to him, the symptoms will develop soon anyway. Lou then will know that something is wrong and will go to a doctor, says Frank.

Question: Was Frank correct in not talking to Lou? Why? What are some things that Frank could say to Lou? In what other ways could Lou have been informed? (See page 26 for the answers.)



STD FACT #6

Stopping the Spread of STD

Did you know that . . .

—being responsible for your health and the health of any sex partner is the best way to stop the spread of STD.

—informed persons are better able to avoid getting and passing on an STD.

—you can serve as a source of sound information and advice about STD for your friends.

Individual Efforts: The Key to STD Control

As stated earlier, STD have become very common in our country. Millions of persons suffer both physical and emotional damage from the diseases. Young adults, females, and babies suffer the most. Such organizations as the Centers for Disease Control of the U.S. Public Health Service, the American Social Health Association, the American Venereal Disease Association, and local health departments are conducting programs to control some of these diseases. The work of these groups is valuable. But, the best way to fight STD is by the efforts of individual persons. STD can be controlled—and there are ways you can help.

Being Responsible for Your Health and the Health of Others

One of the best ways you can help control STD is by taking responsibility for your health and well-being. This also means being responsible for the health of any sex partner. You can do this in several ways. (Many of these suggestions have been given before, but it might be valuable to mention them again since they are important.)

1. **Avoid STD.** Of course, if everyone tried to avoid getting an STD, fewer people would suffer damage from the diseases. People who do not get an STD avoid the health problems and can never pass them on to sex partners or infants. The surest way to avoid an STD is not to have sex. If a person chooses to have sex, it should be limited to one partner. Any partner should be chosen with care. Persons with STD symptoms or who have many partners should be avoided. Other preventive measures, such as the condom, should also be used.
2. **Pay Close Attention to Your Own Body.** If a person has sex with others, it is important to be alert to any changes in the genitals or other parts of the body. This is especially true if the person has more than one partner. Genital discharge, abdominal pain, painful urination, skin changes, and genital itching are symptoms of STD.
3. **Seek Medical Care.** Anyone having sex should seek prompt medical care if any of the symptoms appear. He or she should also go to a doctor if the symptoms aren't present, but an STD infection is suspected. Persons having sex with different partners should have regular STD check-ups. These check-ups are especially important for females since often they do not have symptoms.
4. **Avoid Passing on STD.** Once a person knows or even suspects he or she has an STD, being responsible to others means not passing on the STD. This is done by not having sex with anyone until the disease is cured or until the person finds out that he or she is not infected. Also, a pregnant woman with an STD should get proper medical care to avoid passing the disease to her baby.
5. **Get Partners to Treatment.** The final step is for everyone with an STD to accept responsibility for getting sex partners to medical care.

Keeping Informed about STD

Being informed about STD means that the person knows: (1) how STD are spread; (2) how to keep from getting STD; (3) how to recognize an STD infection; (4) when and where to go for treatment; (5) how to get sex partners to doctors. Informed persons are better able to avoid getting and passing on STD. They are also more likely to get any suspected STD treated before serious health damage develops.

You have taken the first step to becoming informed about STD by reading this book. You can also keep informed by calling the VD National Hotline that was previously mentioned (see inside front cover for the telephone number). Or, you can get information from libraries, health departments, a doctor, teacher, school nurse or counselor, or a health clinic. There's a space on the form (inside front cover) where you can write the place in your community that has STD information. Further, most bookstores have books about STD. And, the American Social Health Association can send pamphlets if you request them. (Single copies are free. There is a charge for quantities.) Write to: **American Social Health Association, 260 Sheridan Avenue, Palo Alto, California 94306.**

Promoting STD Education and Treatment Programs

Like most topics related to sex, many people are embarrassed to talk about STD. This includes some teachers, parents, counselors, and doctors. Even health textbooks may not give many details about STD. STD information is often lacking, out-of-date, and wrong. Therefore, many of the "facts" that people have learned about STD are not true. Information from accurate sources has not been easy to obtain.

You can help control STD by wiping out STD myths. You and some friends can start an educational campaign. You can do some things yourself. Here are some ideas:

1. **Serve as a Resource for Your Friends.** Your friends who haven't read this book may not know as much about STD as you do. Tell them that you can give them correct information and offer advice. Inform them about the VD National Hotline. Or, you can loan them this book if it is yours. Serving as a resource also means being understanding and giving support to a friend who might get an STD.

2. **Distribute STD Information in Your Community.** There are several ways to get STD information into the area where you live. For example, you could write articles about STD for your school or community newspaper. Articles could also be given to your local radio and television stations. Distribute STD fact sheets, like the one the inside back cover, to persons you know or other students in your school. Maybe your teacher can make copies for you. Be sure your school bulletin board has a copy of it. (Check this with your teacher.) You can ask your school or community library to get copies of this and other STD books if they have not already done so. And, you could organize a teenage STD speaker's bureau.

3. **Support STD Research and Health Care.** Sometimes persons can help in this area by donating their time or giving some money. For example, teenagers in one city organized a transportation service to help persons get to an STD clinic.

Conclusion

Someday, perhaps, the number of STD cases can be greatly reduced. Better tests, newer drugs, and vaccines can help control STD. In the meantime, millions of persons suffer physical and emotional health problems from them. Even though STD are dangerous, much damage can be prevented without further medical advances. The actions of individual persons, like you, are the most important factors. The promotion of sound health for yourself and others is the key ingredient.

Check-up (Place answers here only if you can keep this book.):

1. The actions of an individual are the most important factors in reducing the spread of STD. TRUE FALSE
2. What is the best way you can help control STD? _____
   _____
3. Where can information about STD be obtained? _____
   _____
4. What are some ways you can help promote STD education and treatment? _____
   _____
   _____

Answers to Check-up:

1. True. An individual's health behaviors are the most important factors in reducing the spread of STD.
2. Accepting responsibility for one's health and the health of any sex partners is the best way a person can help stop STD.
3. Libraries, health departments, medical clinics, doctors, teachers, school nurses, counselors, and the VD National Hotline are important sources of STD information.
4. One can help promote STD education and treatment programs by: (1) serving as a resource for friends; (2) distributing STD information in the community; (3) supporting STD research and health care.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Are most young people responsible enough for their own health to keep themselves, and any sexual partners, free from suffering the consequences of STD? Why?
2. Should a person be required to take STD tests when he/she gets a routine physical examination, or for a women, during a Pap test or pelvic examination?
3. Is STD education needed, or is it a waste of time? For example, should STD be discussed at school, on radio and television, and in the newspapers?
4. If a friend told you that he/she had an STD, how could you be supportive and understanding? Or would you feel "turned-off" and not want to continue being friends?

Life Situation #6 (Try solving this problem before reading the answer.)

Juan is a member of an STD teenage speaker's bureau from his school. A friend from another school that does not have STD education asked him to make a presentation to a club to which she belongs. The main topic he chose to speak about is how each person, individually, can help control STD.

Question: What are the most important things Juan could say? (See page 27 for the answer.)

Possible Solutions to Life Situations

1. No, they do not realize that STD are a serious health problem in our country. There are many statistics presented in STD Fact #1 that you could give them concerning the size and consequences of the problem. Basically, you could tell them that STD are very common in the United States. Almost 20 million persons are affected, including babies born to mothers with an STD. STD can lead to serious health problems that include damage to the reproductive system, the nervous system, and may even lead to death. You should also emphasize that about one-half of all STD patients are under the age of 25. STD cause serious damage to more teenagers than do all other communicable diseases combined.

2. Cindy should first state that STD are passed during sex through the mucous membranes, such as on the genitals, mouth, and anus. Cindy then can tell Susie that sexual abstinence and sexual fidelity are the surest ways of avoiding STD. People with different partners increase the risk of getting an STD with each new partner they have. For persons with different partners, the condom is the best preventive measure. Avoiding people with STD symptoms and who have many partners can prevent STD. Washing and urinating after sex and using contraceptive foam with a condom can also help. It would also be good for Cindy to inform Susie about the symptoms of STD and how to get STD treatment.

3. Henry did do one correct thing. He stopped having sex after the blisters appeared. However, he should have stopped because of the chance of passing on a disease, not just because the sores were too painful. Henry failed to do three important things. First, he should have gone to a doctor immediately and asked for STD tests. Secondly, he should have been sure that all of his sex partners saw a doctor. And finally, he should not have started having sex again. Henry did not know the symptoms of STD very well. He didn't realize that the symptoms of many STD disappear on their own. But, the person can still have an STD and pass it on. And, Henry didn't understand that for many females the symptoms of STD are not easily noticed. Beverly may have had the same blisters, but not have noticed them.

4. Sara could look under the white pages of the telephone book for "Venereal Disease Clinic" or "Sexually Transmitted Disease Clinic." Or, if these aren't listed, she could look under "Health Department," which is usually given with the county or city government offices in the yellow pages. The health department could suggest places she could go for STD tests. Finally, she could call the VD National Hotline for the address of the nearest STD clinic. Sara needs to know that persons under the age of 18 can get STD treatment in every state without their parents' permission. Also, many clinics will treat a person with an STD for free. To help her deal with her feelings of guilt and shame, you could tell her that people who get an STD aren't bad. They have an illness that is caused by germs. All types of people get STD. It's not punishment for sexual activity. The most important thing is for Sara and her partner to be treated quickly and to avoid STD in the future.

5. Frank should have talked with Lou as soon as possible after discovering he had gonorrhea. He did not realize that the symptoms of STD, especially gonorrhea, are often not visible. By the time Lou notices symptoms, serious health problems may have developed. In talking with Lou, Frank could admit that what he is going to say is not easy. But he has gonorrhea and Lou might have it too. He should encourage Lou to see a doctor quickly. Frank could point out that treatment is confidential and parents won't be told. Then he could have offered to go with Lou to a doctor or clinic. If he could not talk to Lou face-to-face, he could have called or left Lou a note, or as a last resort, he could mail a letter to Lou. And he should have given Lou's name to the doctor. A case specialist would help Lou get medical help, and Frank's name would never be mentioned.

6 Juan could tell the club members that being responsible for their own health, and the health of any sex partner, is the best way a person can help control STD. He could continue by stating that being responsible means: (1) avoiding STD yourself; (2) paying close attention to your body and your partner's body for STD symptoms; (3) seeking medical care if an STD is suspected; (4) not passing an STD on to others; (5) being sure to get sex partners to a doctor if you get an STD. Details about each of the five suggestions should follow. For example, it would be good to describe STD prevention measures and symptoms. In conclusion, Juan could inform them of other STD information sources, since their school does not teach the subject.

SELF-TEST II

Part A—STD Facts or Fallacies

This is the same questionnaire given in the front of the book. By taking it again, you can discover what you have learned about STD from reading this book. Record your answer here if you can keep this book, or on another sheet if you cannot. Again, you are *not* required to complete this form.

Answer Key: T = True
F = False
U = Undecided

T F U 1. Syphilis and gonorrhea are the most common STD in the USA.

T F U 2. Upper class people don't get STD.

T F U 3. STD can be transmitted only by genital contact.

T F U 4. The more sex partners a person has, the greater the chances of getting an STD.

T F U 5. For persons with different sex partners, using a condom is the best way to prevent STD.

T F U 6. A person can pass on an STD even though no symptoms are present.

T F U 7. The symptoms of STD are equally noticeable for females and males.

T F U 8. A person who suspects an STD should stop having sex and go to a doctor quickly for an STD check-up.

T F U 9. Persons under the age of 18 must get the permission of their parents to get STD treatment.

T F U 10. A person can usually locate STD/VD treatment by looking under "Venereal Disease" in the telephone book.

T F U 11. Routine physical examinations usually include tests for STD.

T F U 12. A person can get an STD again after being cured, by having sex with a partner who was not treated.

T F U 13. STD case specialists are required to tell a person they contact, who gave them his or her name.

T F U 14. Persons having sex with different partners should have regular STD check-ups even if they don't have STD symptoms.

T F U 15. A person can do more to prevent getting an STD than the health department or doctors.

Answers: The correct answers are given below. Be sure to look up any questions you missed using the page listed below.

1. F, STD Fact #1, p. 6
2. F, STD Fact #1, p. 6
3. F, STD Fact #2, p. 9
4. T, STD Fact #2, p. 9
5. T, STD Fact #2, p. 10
6. T, STD Fact #3, p. 13
7. F, STD Fact #3, p. 14
8. T, STD Fact #3, p. 14
9. F, STD Fact #4, p. 16
10. F, STD Fact #4, p. 16
11. F, STD Fact #4, p. 17
12. T, STD Fact #5, p. 20
13. F, STD Fact #5, p. 21
14. T, STD Fact #6, p. 23
15. T, STD Fact #6, p. 23

SELF-TEST II

Part B— Thoughts about STD

This is the same form given in the front of the book. It might be fun to see if any of your feelings changed. Don't look back for your other answers until you have completed this form.

Circle the symbol (-, 0, or +) that is most like what you think. Record your answers here if you can keep this book, or on another sheet if you cannot. As before, you aren't required to complete this questionnaire.

1. People are making too big of a deal out of STD.	-	0	+
	disagree	neutral	agree
2. Only bad people get STD.	-	0	+
	disagree	neutral	agree
3. Trying to prevent STD is too much trouble.	-	0	+
	disagree	neutral	agree
4. There is nothing wrong with giving an STD to someone else, since others should watch out for themselves.	-	0	+
	disagree	neutral	agree
5. Persons who pay attention to their genitals for STD symptoms are dirty.	-	0	+
	disagree	neutral	agree
6. People who get an STD should feel ashamed and guilty.	-	0	+
	disagree	neutral	agree
7. Doctors and STD health workers cannot be trusted.	-	0	+
	disagree	neutral	agree
8. Persons with an STD don't have any obligation to get their sex partners to a doctor.	-	0	+
	disagree	neutral	agree
9. Anyone with an STD who gives the name of a sex partner to the doctor is a "squealer."	-	0	+
	disagree	neutral	agree
10. Controlling the spread of STD is the duty of the government and medical people, not individual persons.	-	0	+
	disagree	neutral	agree
11. People with an STD do not deserve help from others, since they got what they deserved.	-	0	+
	disagree	neutral	agree

If you circled:

- \- Reflects an attitude which can help prevent STD.
- 0 Reflects no opinion.
- \+ Reflects a lack of awareness about STD.

FEMALE REPRODUCTIVE SYSTEM

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored until it leaves the body.

CERVIX (SIR-vicks). Lower part of the uterus which extends into the vagina.

CLITORIS (KLIT-or-iss). Small, sensitive organ located at the top of the labia.

FALLOPIAN TUBE (fah-LOW-pee-un). A hollow tube through which eggs travel from the ovary to the uterus.

MAJOR LIP or Outer Labia (LAY-be-uh). The larger and more outer lip-like structures that cover the opening of the vagina.

MINOR LIP or Inner Labia (LAY-be-uh). The smaller and inner lip-like structures that cover the opening of the vagina.

OVARY (OH-vuh-ree). One of the two female organs that secrete female hormones and produce ova (eggs).

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

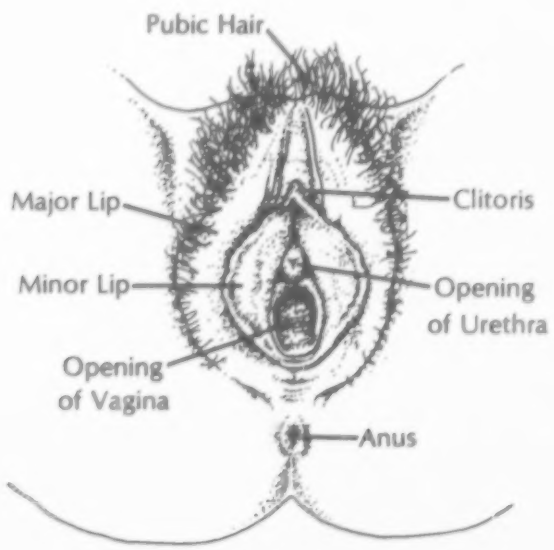
RECTUM (REK-tum). The lowest part of the large intestines.

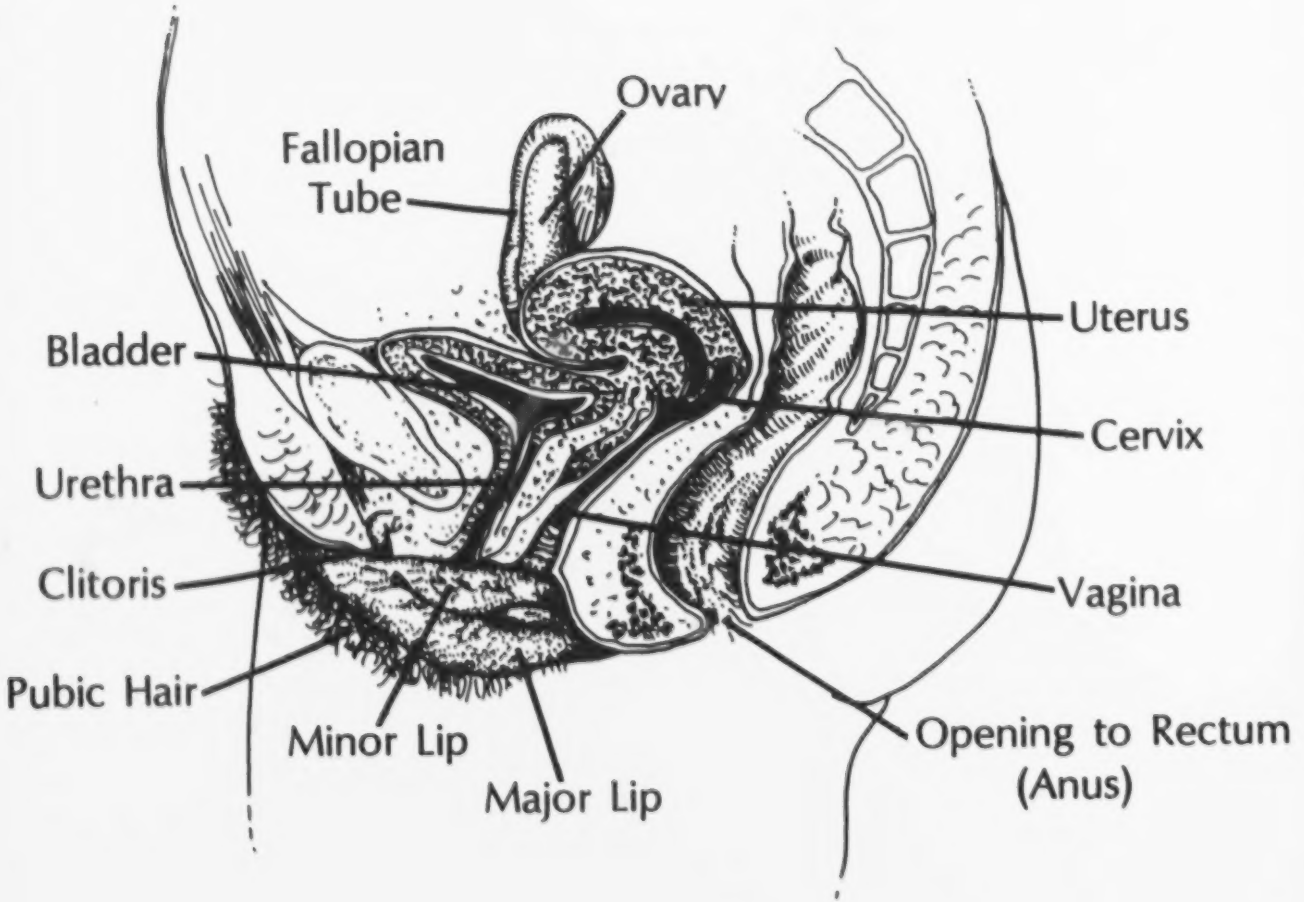
URETHRA (your-EETH-ruh). The tube through which urine passes out of the body.

UTERUS (YOU-ter-us). Organ where the fertilized egg becomes implanted and develops into a baby. Also called "womb."

VAGINA (va-JINE-uh). The female birth canal and tube that accepts the penis during intercourse.

external structures




Ovary
Fallopian Tube
Uterus
Bladder
Cervix
Urethra
Clitoris
Vagina
Pubic Hair
Minor Lip
Major Lip
Opening to Rectum (Anus)

MALE REPRODUCTIVE SYSTEM

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored before it leaves the body.

PENIS (PEE-nis). The male sex organ through which urine and semen pass.

PROSTATE GLAND (PROSS-tate). Furnishes most of the fluid that is mixed with sperm before it leaves the body.

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

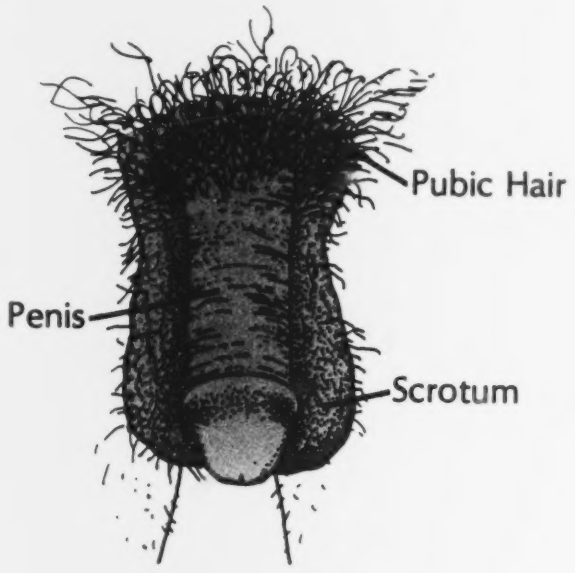
RECTUM (REK-tum). The lowest part of the large intestines.

SCROTUM (SKROH-tum). The external pouch of skin, below the penis, in which the testes are contained.

TESTES (TEHS-tees) or TESTICLES (TEHS-ti-kuhls). Two male glands located in the scrotum that produce sperm and male hormones.

URETHRA (yoor-EETH-ruh). The tube through which urine passes out of the body.

external view: front



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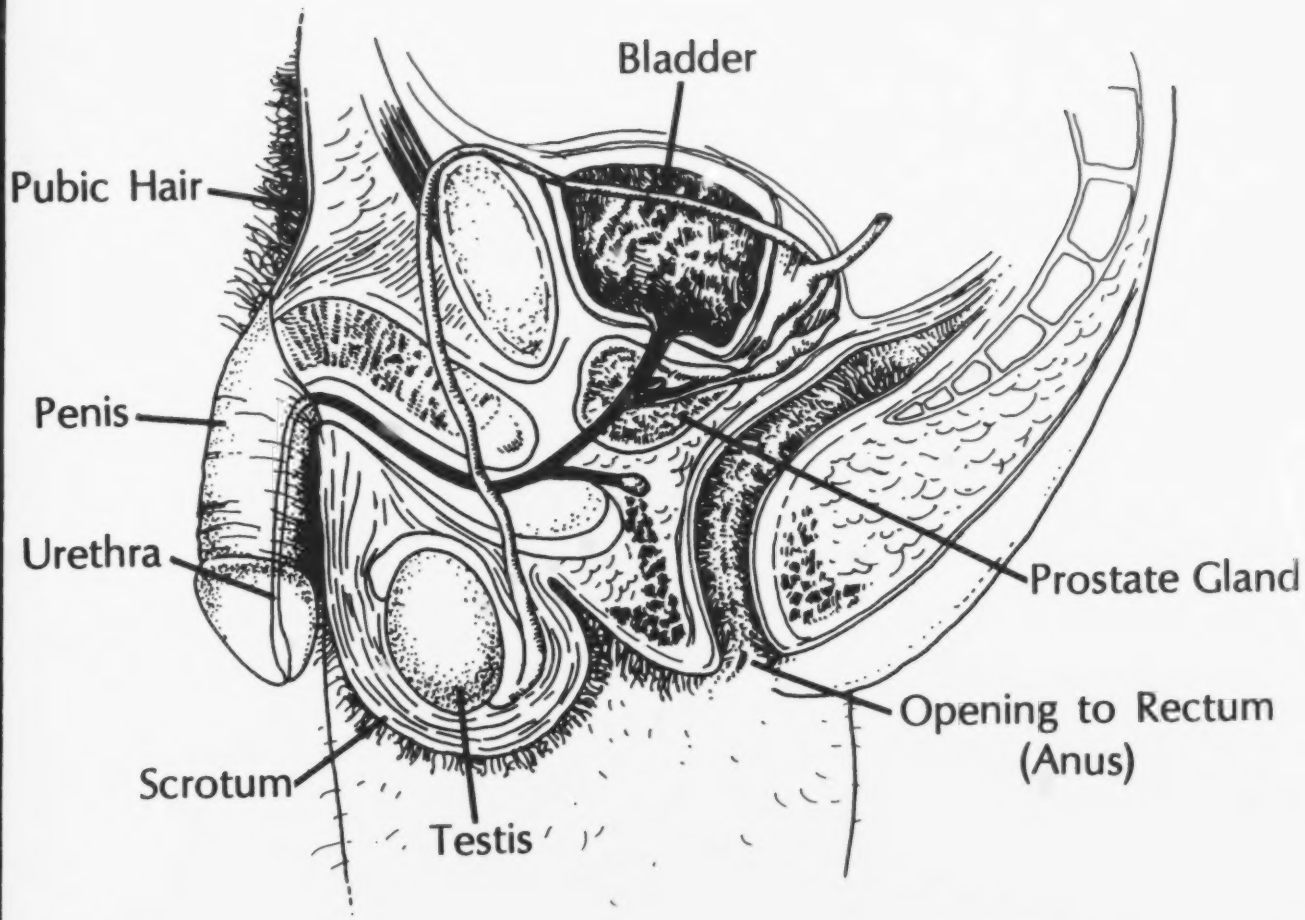

Bladder
Pubic Hair
Penis
Urethra
Prostate Gland
Opening to Rectum
(Anus)
Scrotum
Testis

SUMMARY CHARTS OF IMPORTANT STD

ACQUIRED IMMUNODEFICIENCY SYNDROME
(uh-CHOIR-d im-YOON-oh-de-FISH-UN-see SIN-drom)

Other Name:	AIDS.
Organism:	Virus, transmitted through sexual contact, contaminated needles (such as those used by intravenous drug abusers) and transfusions. The AIDS virus attacks the body's immune system, its natural defense against disease.
Incubation:	May be from 6 months to several years.
Typical Symptoms:	Fever, weight loss, severe tiredness, swollen grands, and diarrhea. All these symptoms tend to last a long time and gradually get worse. Because the immune system does not work well, people with AIDS can get severe pneumonias or unusual cancers, especially in the skin.
Diagnosis:	A new laboratory test is currently available, but diagnosis is still very complicated. Requires medical exam.
Treatment:	Although there are treatments for some complications of AIDS, there is presently no cure for AIDS. There has been no way to get the immune system going again once the AIDS virus has damaged it.
Danger:	Nearly half of all patients with AIDS have died.
Comments:	AIDS occurs most frequently in gay or bisexual men. Some drug abusers also get AIDS. Male and female sex partners of persons with AIDS or at risk for it have become infected. Some heterosexual men and women, including prostitutes, have had AIDS.

CHLAMYDIAL INFECTIONS
(klah-MID-ee-ul in-FECK-shuns)

Other Names:	Chlamydia: *Chlamydia trachomatis.*
Organism:	Bacteria: *Chlamydia trachomatis.* Passed during sexual contact; infants become infected during vaginal delivery. Highly contagious.
Incubation:	2-3 weeks for males; usually no symptoms in females.
Typical Symptoms:	Symptoms tend to develop slowly and are often mild. Many cases have no symptoms. Females: sometimes a slight vaginal discharge; itching and burning of vagina, painful intercourse; abdominal pain; fever in later stages; Males: discharge from penis; burning and itching at urethral opening; burning sensation during urination.
Diagnosis:	Difficult to diagnose; culture test can determine disease, but many private doctors and hospitals do not have it; diagnosis is often by ruling out gonorrhea with appropriate tests; a more rapid test involving microscopic examination of discharge from urethra or cervix has been recently developed. This test may be available in some clinics.
Treatment:	Curable with antibiotics (not penicillin).
Danger:	If untreated can cause sterility, premature and still births, and infant pneumonia and eye infections which can lead to blindness.

Comments:	Widespread in USA with an estimated 2 million people getting the disease annually. About one-half of nongonococcal urethritis in men and pelvic inflammatory disease in women has been attributed to chlamydia. Many persons with gonorrhea also have chlamydia.

GARDNERELLA VAGINITIS (GARD-ner-EL-a Vag-in-ITE-us)

Other Names:	Nonspecific vaginitis; bacterial vaginosis.
Organism:	Bacteria: *Gardnerella vaginalis* and possibly other bacteria. Passed by genital contact with an infectious person.
Incubation:	Varies.
Typical Symptoms:	Most persons don't have any symptoms; especially rare in males. Female symptoms may include a slight grayish or yellow, odorous vaginal discharge and a mild itching or burning sensation.
Diagnosis:	Microscopic slide, chemical analysis of vaginal material, and culture test from infection site.
Treatment:	Curable with antibiotics and vaginal creams or suppositories.
Danger:	Recently, this condition has been associated with prematurity and other abnormal pregnancy outcomes.
Comments:	Disease is still not fully understood. Some health experts believe that more females seek treatment for this disease than any other type of vaginitis. Males may carry the bacteria and need treatment along with the female partner to prevent reinfection.

GENITAL HERPES (Jen-a-tul HERP-eez)

Other Names:	Herpes simplex virus.
Organism:	Virus: *Herpesvirus hominis.* Virus can be found anywhere on the body, but is usually found on the genital area. Passed by direct contact with infectious blisters or sores usually found on the genitals, anus, or mouth.
Incubation:	From a few days to about 3 weeks.
Typical Symptoms:	Formation of painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. Females may have sores on the cervix without pain. Sores may reappear throughout life, although they heal faster and occur less frequently with time. Factors like stress, fatigue, and other illnesses may trigger recurrence of sores in some people.
Diagnosis:	Visual examination, Pap smear, microscopic slide examination of fluid from sore, tissue culture.
Treatment:	No medicine can cure herpes at the present time; medications are sometimes given to relieve pain, to shorten the time of sores, or to prevent bacterial infections at the open sores.
Danger:	Women with HSV may have a greater risk of developing cancer of the cervix (these women should get a Pap test every year). Herpes can be fatal to infants who acquire the disease, with many other infants suffering permanent brain damage. The baby can be protected by Caesarean delivery, especially if the mother has an active case at the time of delivery.
Comments:	An estimated seven million persons are affected by new or recurrent episodes of

genital herpes annually. Infected persons should avoid intimate contact with others when blisters or sores are present. The American Social Health Association has developed a service for persons with herpes infections, called the Herpes Resource Center. It provides self-help support groups and a quarterly newsletter. For more information, write to: Herpes Resource Center, Box 100, Palo Alto, California 94302.

GENITAL WARTS (JEN-a-tuh WORTS)

Other Names:	Venereal warts; condyloma acuminata.
Organism:	Human papillomavirus. Transmitted by direct contact with warts in the genital and anal area.
Incubation:	6 weeks to 8 months.
Typical Symptoms:	Some persons may not have symptoms. Others have warty growths around genital and anal area.
Diagnosis:	Usually identified by observation of warts. Biopsy (skin examined under microscope) might be done in unusual cases.
Treatment:	Medication applied to warts, freezing or laser therapy, or surgical removal.
Danger:	Can grow to large size and obstruct vagina, urethra, or anus. Can be transmitted to infant during birth. Some recent studies have suggested an association between certain human papillomaviruses and cervical cancer.
Comments:	Common.

GONORRHEA (GON-oh-REE-ah)

Other Names:	GC, clap, drip.
Organism:	Bacteria: *Neisseria gonorrhoeae*. Typically passed by direct contact between the infectious mucous membranes, e.g., genitals, anus, and mouth, of one person with the mucous membranes of another. Contaminated fingers can pass the organism from infected mucous membranes to the eyes. Catching disease from objects is very unlikely.
Incubation:	Usually 2-10 days, but possibly 30 days or more.
Typical Symptoms:	Genitals (penis or cervix), anus, throat, and eyes can be infected. Males: burning urination and pus discharge for infection of urethra (5-20% have no symptoms). Females: may have vaginal discharge, although up to 80% have no symptoms for cervical infection. Both sexes: mucous discharge from anus, blood and pus in feces, irritation of anus for infection of rectum; often no symptoms or mild sore throat for gonorrhea of the throat. Infection of eyes is rare in adults.
Diagnosis:	Microscopic observation of discharge; culture from possible infection site.
Treatment:	Curable with antibiotics.
Danger:	Pelvic inflammatory disease (PID), sterility in both sexes, arthritis, blindness, meningitis, heart damage, kidney damage, skin rash, ectopic pregnancy, and eye damage in newborns (acquired from mother's vagina during childbirth).
Comments:	Number one reportable communicable disease in the USA with an estimated 2 million cases yearly at a cost of $1 billion. PID occurs in 15% of females infected. Gonorrhea is a major cause of sterility, particularly in women. Some strains of gonorrhea have become more resistant to penicillin in recent years. Thus, higher doses of penicillin have been required to cure the disease. One strain, penicillinase-producing *Neisseria gonorrhoeae* (PPNG), is resistant to all forms of penicillin.

HEPATITIS (hep-uh-TITE-us)

Organism:	Virus: Hepatitis A or B. Virus found in saliva, blood, semen, urine, and feces. Passed by sexual contact including anal or oral sex. Can be passed nonsexually from shared razors, toothbrushes, needles, eating utensils, and other similar objects. Hepatitis A can be passed from food or water that contains fecal material.
Incubation:	Hepatitis A: 15-50 days. Hepatitis B: 45-160 days.
Typical Symptoms:	Some persons may not have any symptoms. Others have nausea, fever, loss of appetite, dark "cola-colored" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver.
Diagnosis:	Blood test.
Treatment:	No medical cure. Most persons recover within 6 to 8 weeks. Bed rest, good nutrition, and avoidance of alcohol and drugs are recommended.
Danger:	Can cause severe illness, liver damage, and death; premature birth or spontaneous abortion; infant may be born with Hepatitis B acquired from mother.
Comments:	At least one-half million persons affected annually. Hepatitis A can be prevented or lessened by an injection of immune serum globulin within 2 weeks following exposure. Homosexual males have a high risk for Hepatitis B. A vaccine for Hepatitis B is now available.

PEDICULOSIS PUBIS (pa-DIK-you-LO-sis PUE-bus)

Other Names:	Crabs, pubic lice, and cooties.
Organism:	Louse: *Phthirus pubis.* Passed by direct contact with infested person or by infested sheets, towels, and clothing.
Incubation:	Eggs hatch after 3 to 14 days.
Typical Symptoms:	Some persons may not have any symptoms. Others have intense itching, blue or gray spots, and insects or nits (eggs) in the pubic area. Also may have pinhead-size blood spots on underwear.
Diagnosis:	Microscopic examination of nits on hair and locating adult lice adhering to hair.
Treatment:	Cured with special creams, lotions, or shampoos that can be bought at drugstores. Some products require a prescription while others do not (ask the pharmacist for the correct product).
Danger:	None.
Comments:	To prevent getting the disease again, treatment of sex partner is necessary. Further, clothing and bed sheets should be thoroughly cleaned.

SYPHILIS (SIF-i-liss)

Other Names:	Syph, bad blood, the pox.
Organism:	Bacteria: *Treponema pallidum*. Passed by direct contact with infectious sores or rashes.
Incubation:	Ten days to 3 months, with average of 21 days.
Typical Symptoms:	Primary stage: painless chancre (sore) at site of entry of germ, swollen glands. Secondary stage: symptoms usually appear 1 week to 6 months after appearance of chancre and may include rash, patchy hair loss, sore throat, and swollen glands. Primary and secondary sores will go away even without treatment, but the germs continue to spread throughout the body. Latent syphilis: may continue 5-20+ years with no symptoms, but the person is no longer infectious to other people. A pregnant woman can transmit the disease to her unborn child. Late syphilis: varies from no symptoms to indications of damage to body organs such as the brain and heart.
Diagnosis:	Physical examination, microscope slide from sore, blood tests.
Treatment:	Easily cured with antibiotics.
Danger:	Severe damage to nervous system and other body organs possible after many years: heart disease, insanity, brain damage, and severe illness or death of newborns.
Comments:	Symptoms may imitate those of other diseases; damage done to body is permanent; treatment of pregnant women with syphilis is necessary to prevent damage to fetus.

TRICHOMONIASIS (TRIK-uh-moe-NYE-uh-sis)

Other Name:	Trich.
Organism:	Protozoan: *Trichomonas vaginalis*. Usually passed by direct sexual contact. Can be transmitted through contact with wet objects, such as towels, washcloths, and douching equipment.
Incubation:	4 to 20 days, with average being 7 days.
Typical Symptoms:	Many women and most men have no symptoms. Females: white or greenish-yellow odorous discharge; vaginal itching and soreness, painful urination. Males: slight itching of penis, painful urination, clear discharge from penis.
Diagnosis:	Microscopic slide of discharge; culture test; examination.
Treatment:	Curable with an oral medication.
Danger:	Long-term effects in adults not known. There is some evidence that infected individuals are more likely to develop cervical cancer. Babies may become infected.
Comments:	Very common.

PRONOUNCING GLOSSARY

abdominal (ab-DOM-i-nul). In the belly or stomach area.

bacteria (bac-TEER-ee-uh). Living, one-celled microorganisms. Some may cause disease while others are beneficial.

case specialist A person from the STD clinic or health department who provides STD information to patients and who is trained to locate the sexual partners of a person with an STD.

cervix (SIR-vicks). The lower opening of the uterus (or womb) in the female.

communicable disease (kom-UNE-ik-ah-bl di-zeez). Diseases that can be passed along from person to person. Caused by bacteria, viruses, and other organisms.

condom (KON-dom). A rubber cover or sheath worn over the penis. Used during sexual activity to prevent STD and pregnancy.

confidential (kon-fa-DEN-shul). Secret or private matters; no one else is told.

diagnose (die-ag-NOS). Identifying which disease a patient has.

discharge (DIS-charj). The flow of pus from the penis, vagina, anus, or eye.

ectopic pregnancy (ek-TOP-ik PREG-nun-see). The implantation of a fertilized egg outside of the uterus, usually in the fallopian tube.

fallopian tubes (fah-LOW-pee-un). A hollow tube through which eggs travel from the ovary to the uterus.

genitals (JEN-a-tulz). The external sex organs.

immunity (im-YOON-it-ee). Resistance to a disease.

incubation (in-kew-BAY-shun). The period between when a person is first exposed to a disease and when the symptoms appear.

infection (in-FECK-shun). A disease caused by germs, such as viruses and bacteria.

intrauterine device (IUD) (in-tra-YOU-tur-in). A device placed into the uterus by a doctor to prevent pregnancy.

masturbation (MASS-tur-BAY-shun). Touching the genitals for sexual pleasure.

minor (My-nur). A person under the legal age considered to be an adult.

mucous membrane (MYOO-kus MEM-brain). The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, and rectum.

organism (ORE-gan-is-m). Any living thing.

ovary (OH-vuh-ree). One of the two female organs that secrete female hormones and produce ova (eggs).

pelvic inflammatory disease (PEL-vik in-FLAM-uh-tor-ee di-ZEEZ). An infection in females of the pelvic organs, such as the uterus and fallopian tubes

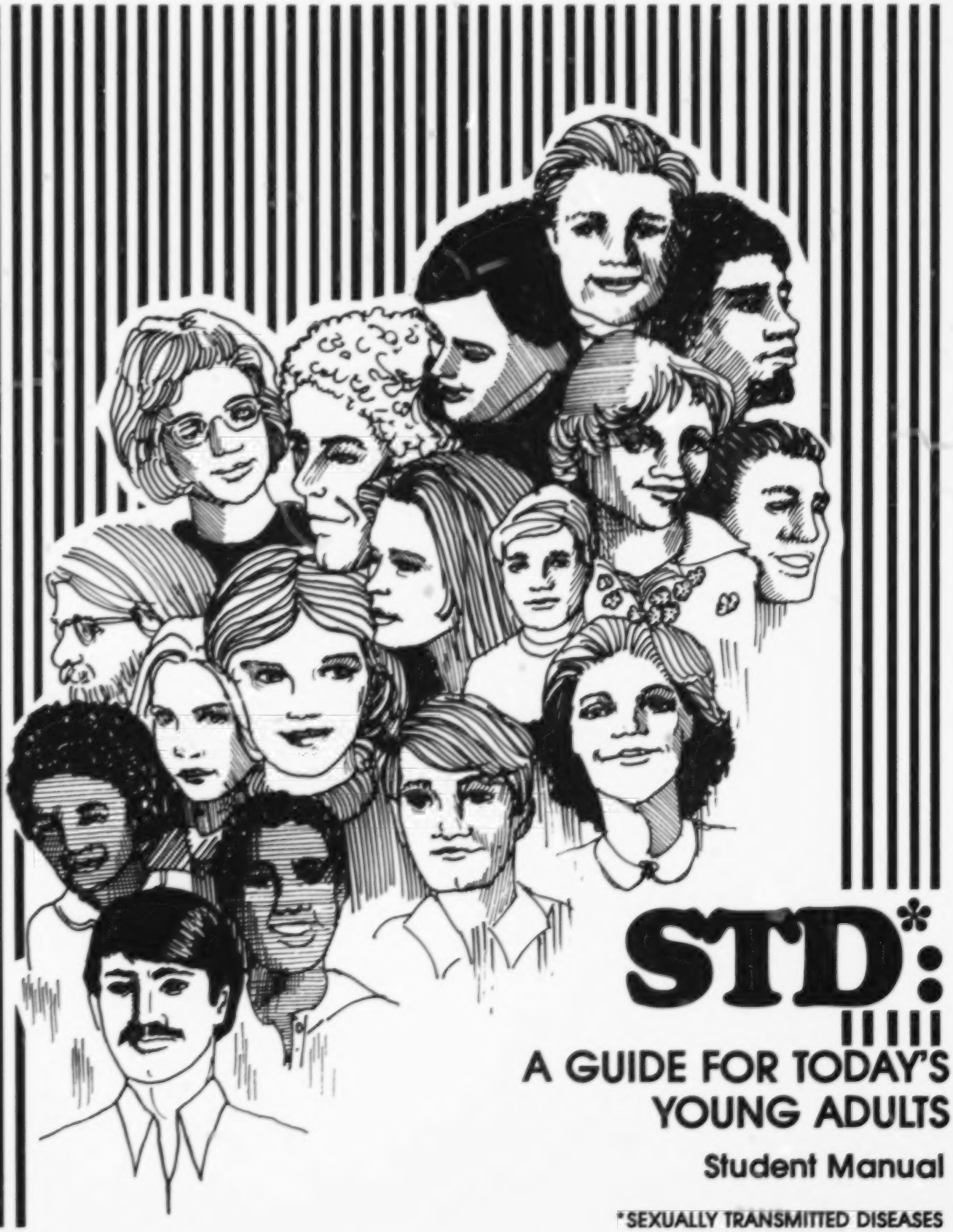
penis (PEE-nis). The male sex organ through which urine and semen pass.

prophylactic (pro-fah-LACK-tick). Preventing or guarding against disease. Also a term used for the condom. (See condom.)

protozoan	(PRO-ta-ZOH-an). A simple one-celled animal that chiefly lives in water. Can be seen only with a microscope.
rectum	(REK-tum). The lowest part of the large intestines.
reportable communicable disease	(re-POR-ta-bl kom-UNE-ik-a-bl di-ZEEZ). A disease that a state requires physicians to report to the health department.
resistant	(ree-ZISS-tant). In reference to disease organisms, the organisms become so strong that some drugs will not destroy them.
sanitation	(san-i-TAY-shun). Protecting health by maintaining conditions free from filth or disease.
sexual abstinence	(SEK-shoo-ul AB-sta-nence). Not having sex with another person.
sexual fidelity	(SEK-shoo-ul Fa-DEL-a-tee). Having sex with one person only.
sexual intercourse	(SEK-shoo-ul IN-ter-course). Sexual union involving the penis in the vagina. The union of the penis and anus (anal intercourse) is considered sexual intercourse by some.
sexually transmitted diseases	(SEK-shoo-ul-ee TRANS-mit-ed di-ZEEZ-es). Diseases most often passed from person to person through sexual contact.
signs	Measured or objective evidence of a disease as determined by a physician.
STD	The initials for "sexually transmitted diseases."
sterility	(stuh-RILL-i-tee). Not being able to become a father or mother because of damaged sex parts.
symptoms	(SIMP-tums). Subjective evidence of an illness. Changes in a person's health that can be seen or felt.
transmitted	(TRANS-mit-ed). Passed along from one person or place to another.
urethritis	(yoor-eeth-RIGHT-us). Infection of the urethra, the tube through which urine passes out of the body.
urinating	(YOOR-i-nate-ing). Passing of urine out of the body through the urethra.
vaccine	(VAK-seen). Weakened or killed disease organisms given to people to prevent an infectious disease.
vagina	(va-JINE-uh). Also called the birth canal. The tube that leads from a woman's uterus (womb) to the outside of her body.
vaginitis	(vag-in-ITE-us). An infection of the vagina, such as gardnerella vaginitis and trichomoniasis.
venereal disease (VD)	(vuh-NEAR-ee-ul di-ZEEZ). A general term describing certain communicable diseases that are transmitted during sexual contact.
virus	(VY-rus). The smallest organism that can cause disease.
wart	(WORT). Raised growth on the skin, usually hard and dry, caused by a virus.
womb	(WOOM). A common term for uterus.

AUTHOR DESCRIPTION

William L. Yarber, professor of health education at Indiana University, Bloomington, teaches courses in human sexuality and death and dying. Being a former high school health science teacher, he has conducted research and published extensively in sexually transmitted diseases, sex education, and human sexuality. Professor Yarber has also made numerous presentations at national and international professional meetings.



STD*:

A GUIDE FOR TODAY'S YOUNG ADULTS

Student Manual

*SEXUALLY TRANSMITTED DISEASES

SP 029 818

TREATMENT AND INFORMATION SOURCES
FOR
SEXUALLY TRANSMITTED DISEASES

Source for STD Treatment in Your Community:

1. _____
(name of clinic, facility, or physician)

_____
(address)

_____ _____
(hours) (phone)

Minors can get STD treatment without parental consent in every state. That's the law.

Sources for STD Information in Your Community:

1. _____ 2. _____

_____ _____

_____ _____

To learn of the nearest locations for STD medical care or to get the latest information about any STD, call the toll-free

VD NATIONAL HOTLINE

at

1-800-227-8922

(In California, 1-800-982-5883.)
(In Alaska and Hawaii call your local health department.)

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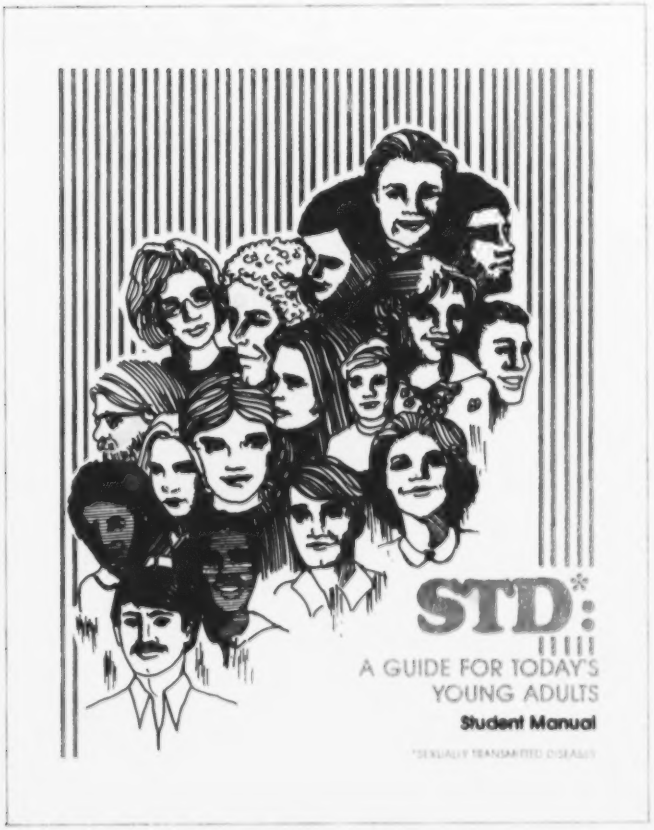

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To—
Sharon, Brooke, and Jessica

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W. L. Y.

PURPOSES OF THE AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

The American Alliance is an educational organization, structured for the purposes of supporting, encouraging, and providing assistance to member groups and their personnel throughout the nation as they seek to initiate, develop, and conduct programs in health, leisure, and movement-related activities for the enrichment of human life.

Alliance objectives include:

1. Professional growth and development—to support, encourage, and provide guidance in the development and conduct of programs in health, leisure, and movement-related activities which are based on the needs, interests, and inherent capacities of the individual in today's society.
2. Communication—to facilitate public and professional understanding and appreciation of the importance and value of health, leisure, and movement-related activities as they contribute toward human well-being.
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4. Standards and guidelines—to further the continuous development and evaluation of standards within the profession for personnel and programs in health, leisure, and movement-related activities.
5. Public affairs—to coordinate and administer a planned program of professional, public, and governmental relations that will improve education in areas of health, leisure, and movement-related activities.
6. To conduct such other activities as shall be approved by the Board of Governors and the Alliance Assembly, provided that the Alliance shall not engage in any activity which would be inconsistent with the status of an educational and charitable organization as defined in Section 501(c)(3) of the Internal Revenue Code of 1954 or any successor provision thereto, and none of the said purposes shall at any time be deemed or construed to be purposes other than the public benefit purposes and objectives consistent with such educational and charitable status.

Bylaws, Article III

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INTRODUCTION

Sexually transmitted diseases (STD) are among the most common and harmful communicable diseases of young people. Once called venereal diseases (VD), STD affect 5 to 10 million people under the age of 25 in the United States each year.

The most common way STD are passed is through sexual contact. They include diseases which you may have heard about, such as syphilis and gonorrhea. Some other STD are genital herpes, trichomoniasis, chlamydial infections, and genital warts. Ten important STD are described in this book.

Unless treated early, most STD can lead to serious health problems. They can cause sterility, nervous system damage, heart disease, arthritis, and harm to babies. Women and infants suffer the most body damage from STD.

What can you do about preventing them? You can understand the dangers of STD and be responsible for your health and the health of others. This means not catching or passing on an STD. It may also mean getting yourself and your partner to treatment promptly if you suspect that you have an STD.

Not all young people participate in sexual relations. Many choose not to, which is a normal and healthy choice. However, some young people do engage in sex. This book was written to help *all* young people avoid the outcomes of STD. It includes facts for persons who have sex with others and for those who do not. It does not assume that every young person is or should be sexually involved.

The actions of people like *you* are the key to controlling STD. Avoiding STD and their dangers is your role. Getting an STD does not have to be part of being a young person!

OBJECTIVES

After completing this book, you should be able to discuss:

- —The HEALTH PROBLEMS caused by STD.
- —How STD are TRANSMITTED.
- —The major SYMPTOMS of STD.
- —What to DO if an STD infection is suspected.
- —WHERE a person can get STD treatment.
- —Ways to get a SEX PARTNER to a doctor.
- —What can be done to STOP the spread of STD.

You should also

- —PRACTICE a lifestyle that decreases the chances of getting an STD.
- —RECOGNIZE symptoms of an STD.
- —AVOID exposing others if an STD infection is diagnosed or suspected.
- —SEEK prompt medical care if an STD infection is suspected.
- —FOLLOW a physician's directions if treated for an STD.
- —GET ALL sex partners to medical care if one has an STD.
- —SERVE as a source of accurate information and advice on STD.
- —BE SUPPORTIVE and helpful to persons who get an STD.
- —PROMOTE STD education, research, and health care.

SELF-TEST I

Part A—STD Facts or Fallacies

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. Record your answers here if this book is yours to keep, or on another sheet if it is not. How well you do will not affect your grade. You are *not* required to complete this form. But, you may want to learn how much you already know about STD.

Answer Key: T = True
F = False
U = Undecided

T F U 1. Syphilis and gonorrhea are the most common STD in the USA.

T F U 2. Upper class people don't get STD.

T F U 3. STD can be transmitted only by genital contact.

T F U 4. The more sex partners a person has, the greater the chances of getting an STD.

T F U 5. For persons with different sex partners, using a condom is the best way to prevent STD.

T F U 6. A person can pass on an STD even though no symptoms are present.

T F U 7. The symptoms of STD are equally noticeable for females and males.

T F U 8. A person who suspects an STD should stop having sex and go to a doctor quickly for an STD check-up.

T F U 9. Persons under the age of 18 must get the permission of their parents to get STD treatment.

T F U 10. A person can usually locate STD/VD treatment by looking under "Venereal Disease" in the telephone book.

T F U 11. Routine physical examinations usually include tests for STD.

T F U 12. A person can get an STD again after being cured, by having sex with a partner who was not treated.

T F U 13. STD case specialists are required to tell a person they contact, who gave them his or her name.

T F U 14. Persons having sex with different partners should have regular STD check-ups even if they don't have STD symptoms.

T F U 15. A person can do more to prevent getting an STD than the health department or doctors.

Answers: The correct answers are given below. Information related to each statement is given in this book. The page where you can learn more about each statement follows the answer.

1. F, STD Fact #1, p. 6
2. F, STD Fact #1, p. 6
3. F, STD Fact #2, p. 9
4. T, STD Fact #2, p. 9
5. T, STD Fact #2, p. 10
6. T, STD Fact #3, p. 13
7. F, STD Fact #3, p. 14
8. T, STD Fact #3, p. 14
9. F, STD Fact #4, p. 16
10. F, STD Fact #4, p. 16
11. F, STD Fact #4, p. 17
12. T, STD Fact #5, p. 20
13. F, STD Fact #5, p. 21
14. T, STD Fact #6, p. 23
15. T, STD Fact #6, p. 23

SELF-TEST 1

Part B—Thoughts about STD

For each statement below, circle the symbol (–, 0, or +) that is most like what you think. Record your answers here if this book is yours to keep, or on another sheet of paper if it is not. You are *not* required to mark your response. But, you might enjoy learning about some of your beliefs concerning STD.

	–	0	+
1. People are making too big of a deal out of STD.	disagree	neutral	agree
2. Only bad people get STD.	disagree	neutral	agree
3. Trying to prevent STD is too much trouble.	disagree	neutral	agree
4. There is nothing wrong with giving an STD to someone else, since others should watch out for themselves.	disagree	neutral	agree
5. Persons who pay attention to their genitals for STD symptoms are dirty.	disagree	neutral	agree
6. People who get an STD should feel ashamed and guilty.	disagree	neutral	agree
7. Doctors and STD health workers cannot be trusted.	disagree	neutral	agree
8. Persons with an STD don't have any obligation to get their sex partners to a doctor.	disagree	neutral	agree
9. Anyone with an STD who gives the name of a sex partner to the doctor is a "squealer."	disagree	neutral	agree
10. Controlling the spread of STD is the duty of the government and medical people, not individual persons.	disagree	neutral	agree
11. People with an STD do not deserve help from others, since they got what they deserved.	disagree	neutral	agree

If you circled:

- – Reflects an attitude which can help prevent STD.
- 0 Reflects no opinion.
- \+ Reflects a lack of awareness about STD.

STD FACT #1

The STD Problem

Did you know that...

—sexually transmitted disease is a new term for venereal disease.

—nearly one-half of STD patients are under the age of 25.

—STD can lead to serious health problems.

A New Name for Venereal Disease

Until recently, only a few diseases were called *venereal diseases.** Syphilis and gonorrhea were the most important ones in the United States. Scientists now know that many diseases can be passed during sexual contact. Now the preferred term is *"sexually transmitted diseases,"* or *STD*. The new term is used in this book.

The Important STD

Scientists have identified more than 20 different STD. Some STD affect only a few people or do not cause serious health problems. Other STD affect many people or cause severe damage. Ten important STD are listed in Table 1. Details about each disease are not as important as knowing how to avoid them and how to get treated. More details can be learned from the Summary Charts of Important STD that begin on page 34.

Table 1. Ten Important STD.

AIDS	A dangerous disease, believed to be caused by a *virus*, which cannot be cured.
Chlamydial Infections (klah-MID-ee-ul in-FECK-shuns)	Major source of *pelvic inflammatory disease* and *sterility* in women and *urethritis* in men.
Gardnerella Vaginitis (GARD-ner-EL-a Vag-in-ITE-us)	Common *infection* of the *vagina*.
Genital Herpes (JEN-a-tul HERP-eez)	A disease caused by a virus that cannot be treated effectively.
Genital Warts (JEN-a-tul WORTS)	Warts found on or around the *genitals* or *rectum*. Often called venereal warts.
Gonorrhea (GON-oh-REE-uh)	The disease most often reported to health departments. A common cause of sterility.
Hepatitis (hep-uh-TITE-us)	An infection of the liver, often not acquired sexually.
Pediculosis Pubis (pa-DIK-you-LO-sis PUE-bus)	Lice or "crabs" found in the pubic hair.
Syphilis (SIF-i-liss)	Much less common than gonorrhea, but can cause serious body damage.
Trichomoniasis (TRIK-uh-MOE-NYE-uh-SIS)	Common infection of the vagina.

* Some words have been italicized. Each of these terms is defined in the "Pronouncing Glossary" that begins on page 39.

Size of the Problem

Before this century, more people died from *communicable diseases* than from any other cause. Today, among people under the age of 75 in the United States, only one percent of deaths are from communicable diseases. Their threat has been reduced through immunization, new treatment drugs, and improved nutrition and *sanitation.*

STD, however, are still a major threat to health. They strike an estimated 20 million people in this country each year, or an average of one person every one and a half seconds. Estimates on the number of cases that occur each year include:

7 million new or recurrent cases of genital herpes
3 million trichomoniasis cases
2 million gonorrhea cases
2 million cases of chlamydial infections
1 million cases of genital warts
90 thousand cases of syphilis

About 85 percent of all STD occur in persons between the ages of 15 and 30. However, anyone can catch an STD regardless of age, sex, race, or social class. Even infants can become infected if the mother has an STD before or at the time of birth. STD cause serious damage to more teenagers than do all other communicable diseases combined.

Damage from STD

At one time, syphilis was the most harmful STD. Syphilis germs enter the bloodstream and can destroy any part of the body. It was once a major cause of heart damage, blindness, insanity, and death. AIDS is a serious threat to the health of people today. Many persons with AIDS have died.

Pelvic inflammatory disease, or PID, is perhaps the greatest STD threat to women. The germs that cause gonorrhea and chlamydial infections are the most common causes of PID. These germs can move from a woman's *cervix,* through her *w ub,* and into her *fallopian tubes* and *ovaries.* Damage is done to the delicate tube lining. The tubes or space surrounding these organs can fill with pus. Many women with PID spend a week or more in a hospital.

Even though the infection can be cured, there may be repeated pain in the pelvic area for many years. Scarring in the tubes can prevent a woman from having children. Women who have had PID are also 10 times more likely to have an *ectopic pregnancy* than other women. An ectopic pregnancy is when a fertilized egg grows in the tube rather than in the womb, resulting in the death of the fetus.

Genital herpes cannot be cured. Once the virus enters a person's body, it remains for life. The virus produces painful, itching sores on or around the genitals that last several weeks. In some people, these sores recur many times during a year.

Cancer of the cervix is known to occur more often in women with genital herpes and genital warts. It is not known if these viruses cause this common form of cancer. Babies born of women infected with herpes are at risk of permanent damage and death.

Vaginitis is a general term used to describe an infection of the vagina. It usually involves a *discharge* and itching in the vaginal area. In some women, the *symptoms* may remain for months, or recur regularly.

The list of problems caused by STD is almost endless. They do more serious health damage to women and infants than to men. The STD costs for tests, treatment, and hospital care exceed $2.5 billion each year. Time is lost from school and work. Time spent by doctors and nurses on STD could be used for other health problems.

Unlike most other diseases, STD also inflict heavy social and emotional damage. Some patients may suffer feelings of shame or guilt. These feelings may be especially great when an infant is hurt or dies because of an STD. Often, partners blame each other for the disease. Marriages and friendships are broken.

Why the Problem?

There are many reasons why STD are still such a large problem. Many persons have no symptoms which would alert them to seek care. Because the diseases do cause some people to feel guilty or ashamed, they may delay or avoid treatment. They may also fail to inform a sex partner about the need for treatment.

Some birth control methods used today do not protect a person from STD. Studies have also shown that people today begin sex activities at a younger age than their parents did. People stay single longer. The divorce rate is higher. People are more widely-traveled. These factors are thought to increase the number of persons who are exposed to an STD.

Added to the problem of increased risk is the fact that some germs have become *resistant* to treatment drugs. *Vaccines* and public health methods that protect us from many other diseases have little or no effect on STD.

STD are serious health problems. A person who gets quick, proper care can prevent the problem from getting worse. Most STD can be treated before damage is done to the body and before they are spread to others. Persons who catch an STD need the help and support of others. Efforts to blame or shame STD patients are likely to do more harm than good.

Check-up (Place answers here only if you can keep this book):

1. STD are among the most common communicable diseases in our country. TRUE FALSE
2. Syphilis and gonorrhea are the only important STD in our country. TRUE FALSE
3. In which age group do STD occur most frequently? _____
4. Which persons suffer the most body damage from STD? _____

Answers to Check-up:

1. True. About 20 million Americans are affected by STD each year. Some health experts suggest that STD are more common than all other communicable diseases besides the common cold.
2. False. There are important STD in our country in addition to syphilis and gonorrhea, such as genital herpes and chlamydial infections. This book describes ten STD (see the Summary Charts of Important STD beginning on page 34).
3. Young persons. About 85 percent occur in persons between the ages of 15 and 30. About one-half of STD patients are under the age of 25.
4. Women and babies.

What Do You Think? (Don't write your response to these questions anywhere, but try to answer them in your mind.)

1. Should a person feel guilty and ashamed if he/she gets an STD? Why?
2. Should STD be viewed as punishment for sexual activity? Why?
3. If STD were transmitted only by an insect bite, would society have a more positive attitude toward them? Why?

Life Situation #1 (Try solving this problem before reading the answer.)

Some young people in your town have sex. They do things to prevent pregnancies. But, they are very casual about having sex with different partners. They say that people make too big a deal about STD and that they aren't worried about them.

Question: Are these people right in what they believe about STD? If you had the chance, what could you say to help them understand the STD problem? (See page 26 for the answers.)

STD THROUGH THE AGES

#1: Ancient Evidence of STD

The germs that cause STD have only been discovered in the last century. Until modern times, poets and priests were as likely to write about diseases as were doctors or scientists. The writings, art, and preserved bones from many ancient cultures, however, offer evidence that STD have plagued man since the beginning of time.

The oldest books in the Bible describe diseases that probably were gonorrhea and syphilis. In the book of Leviticus, Moses prescribes treatment and public health measures for a "running issue" out of the flesh, now thought to have been gonorrhea. In Deuteronomy, Moses warns about the "Botch of Egypt," a disease that sounds much like our syphilis. And, the descriptions of leprosy found in the Bible and other old writings more accurately fit the diseases we call syphilis and scabies today.

Hippocrates, a famous Greek physician who lived 2500 years ago, wrote about syphilis-like sores. An even older Egyptian papyrus from 3500 B.C. offered an herbal remedy for painful urination. Susruta, an ancient Hindu writer, also described gonorrhea. Nearly 2000 years ago, the Roman Emperor Tiberius outlawed public kissing to curb a herpes epidemic.

#2: Early Names for STD

The names for gonorrhea and herpes are relatively old. Galen, a Greek physician (130-210 A.D.) gave gonorrhea (*gonos*, seed; *rhoia*, flow) its name, thinking, in error, that the pus discharge was the loss of waste semen. In the same era, the Greeks named herpes, using a word that means "to creep." The name described sores that seemed to creep or spread over the surface of the skin.

Syphilis was called by many names until late in the 1700s. Between 1495 and 1500, when a deadly epidemic of syphilis raged throughout Western Europe, some 400 different names were used for the disease. It was often named (blamed?) after other countries. It was known as the German pox, the Polish illness, and the Portuguese disease. In New Zealand, syphilis was called the Merike (American) disease. Its most common names in countries other than France, though, were the French pox or Great pox.

An Italian poet, Girolamo Fracastoro, wrote a poem in 1530 about a shepherd boy who angered the sun god. The sun god poured poison rain on the land—the French Disease. The shepherd boy's name was Syphilis. After some years, the boy's name became the name used for the disease.

STD FACT #2

Avoiding STD

Did you know that . . .

—STD are most often transmitted during sexual contact.

—sexual abstinence and fidelity are the surest ways of avoiding STD.

—persons having sex can do things to reduce the chances of getting an STD.

STD Organisms

STD are caused by *organisms* that can be passed from person to person. The organisms include *bacteria*, *protozoans*, viruses, and very small insects such as the pubic louse. They usually live in the warm and moist parts of the body, called *mucous membranes*. The *penis*, vagina, rectum, mouth, and eyes have mucous membranes.

Transmission of STD

Sexual Activity. Most often an STD is picked up from someone who already has the disease. They are passed during *sexual intercourse* or other intimate behavior. The sexual contact can involve persons of the opposite or same sex. However, *masturbation* does not cause STD.

STD usually invade a person through the mucous membranes. They are *transmitted* when an infected mucous membrane of one person touches a mucous membrane of another person. Some STD can be passed by deep kissing or skin-to-skin contact. But, these ways of transmitting an STD are not common.

A person can get an STD many times. That is, a person does not develop an *immunity* to an STD after having it.

Sexual Lifestyle. Persons who do not have sex with anyone are not likely to get an STD. Persons with one partner only rarely acquire an STD. People with many sexual partners have the greatest chances of getting an STD. They increase the risk with each new partner they have. The chances of infection are high if any of these persons have several sex partners, or are not careful about their own sexual health.

STD from Objects? You may have read that STD can be contracted from objects like door knobs, toilet seats, and drinking glasses. It is almost impossible to get an STD in this manner. Light and air destroy STD organisms very quickly.

Some STD, like gonorrhea, syphilis, and genital herpes, are very unlikely to be caught from an object. However, such diseases as hepatitis and pediculosis pubis are sometimes picked up through nonsexual means. Pediculosis pubis can be acquired from contaminated clothing and bedsheets. Hepatitis can be acquired from contaminated needles.

STD without Sex? Besides the slim chance of getting an STD from an object, most STD can be passed from an infected mother to her baby before or during birth. Further, women can develop some infections in the vagina without having sex. These infections can be passed to others during sex, although most often they are not.

Prevention of STD

Sexual Abstinence. Naturally, the most certain way not to catch an STD is to avoid sexual contact with infected persons. One sure way to do that is by *sexual abstinence*. This means not having sex with anyone.

Sexual Fidelity. The next most certain way of not getting an STD is by *sexual fidelity*, meaning two people sharing their sex life with each other only. A couple who practices sexual fidelity is unlikely to get an STD.

Persons with Different Partners. Persons with different partners, or whose one partner could have an STD, can reduce their chances of getting an STD. The methods aren't perfect. Nor have they all been proven effective. One can avoid most STD when techniques are used carefully and all the time.

1. **Using a Condom.** The *condom*, also called rubber or *prophylactic*, protects either sex from STD. It does this by keeping germs from entering or leaving the penis. The condom does not provide protection from organisms that can enter the body anywhere. Since most STD are passed by contact with the genitals, the condom is the best mechanical STD preventive measure. It should be placed on the penis before any sexual activity begins, not just before intercourse. Further, it should be kept on during any time the penis touches the partner.
2. **Selecting Partners.** Contact with persons who are likely to get an STD should be avoided. This includes persons having STD symptoms and those with many different partners. If a sex partner is not well known, it is wise to exchange names and phone numbers. Then, each person can reach the other if an STD infection or another problem occurs.
3. **Washing after Sex.** There is little evidence that washing prevents STD infections. However, this method may remove some STD organisms that have not yet entered the body.
4. **Urinating after Sex.** *Urinating* after sexual contact may flush out some STD germs, particularly for males.
5. **Contraceptives.** Contraceptive foams, creams, and jellies may prevent some STD. The use of foam and a condom at the same time is very effective. Diaphragms may also stop some organisms from getting into the uterus. However, the pill and intrauterine device (IUD) do not prevent STD.
6. **Other.** A person should look for the symptoms of an STD, like sores, rashes, or pus from the genitals before sex begins. One should look for symptoms on the partner, as well as on oneself. The couple should avoid sex if either has STD symptoms. Of course, a person can still have an STD even if there are no symptoms.

Vaccines. There is a vaccine for only one STD. Scientists have developed a vaccine for hepatitis B. Scientists are working on vaccines for some other STD, but it will be years before any are ready for public use.

Protecting Babies

As stated before, a mother can pass an STD to her baby before or during birth. Nearly all STD can be transmitted this way. In most cases, prompt treatment can protect the baby from permanent damage. Many states require both partners to have a syphilis test before marriage and females to be tested for syphilis after becoming pregnant. Also, every state requires that special medicines be placed in the eyes of babies soon after birth to protect them from gonorrhea. Babies born at home may not get this protection.

A woman who gets pregnant should have a check-up for STD. Likewise, if a woman has an STD and becomes pregnant, she should tell her doctor. This is especially true if she has genital herpes. And, certainly, a pregnant woman should use the preventive measures discussed here to keep from getting an STD.

Check-up (Place answers here only if you can keep this book.):

1. It is possible to have some STD without ever having sex. TRUE FALSE
2. What are the two surest ways of avoiding STD? _____ and _____
3. The more persons an individual has sex with, the greater the chances of getting an STD.
   TRUE FALSE
4. What is the most effective STD preventive measure for persons with different partners? _____

Answers to Check-up:

1. True. A female can develop some vaginal infections without having sex. A baby could get an STD from an infected mother. And, it is possible, although very rare, to get some STD from objects.
2. Sexual abstinence and fidelity.
3. True. Persons with different partners have the greatest chance of getting an STD. The risk is increased with each new partner.
4. Condom. Other important preventive measures are careful selection of partner and washing and urinating after sex.

What Do You Think? (Don't write your responses to these questions, but do try to answer them in your mind.)

1. Would most young people be willing to practice sexual abstinence or sexual fidelity *just* to prevent STD? Why?
2. Why don't more people use the condom when having sex? What could be done to make the condom more appealing?
3. If there were vaccines for each STD, should they be available to teenagers? Should people be required to be vaccinated? Why?

Life Situation #2 (Try solving this problem before reading the answer.)

Cindy is 18 years old and has a younger sister, Susie, who is 15. Cindy and Susie are very close and often talk to each other about personal things. Susie knows that Cindy learned about STD in school and asks her how a person can keep from getting an STD.

Question: If you were Cindy, what would you tell Susie about avoiding STD? (See page 26 for the answer.)

STD THROUGH THE AGES

#3: Early Ideas about the Cause of STD

For most of human history, ideas about disease causes were based more on myth and superstition than on science. People thought that diseases resulted from comets or the way stars and planets were aligned. Others believed they were from body fluids getting out of balance, from gods angered by human actions, or that they sprang out of bad air (mainly night or swamp air).

During the Dark Ages (1000-1400), gonorrhea was unique in that its way of being passed was widely recognized. As early as 500 B.C., Hippocrates had described the manner of catching gonorrhea as "accesses of the pleasures of Venus," (the goddess of love). Its true germ cause, however, was not discovered until 1879.

The syphilis epidemic of the early 1500s was blamed on a conjunction of Jupiter and Saturn on October 14, 1484. Others thought the disease was caused by an excess of white fluids in the body, or by "seed fermentation" from pooling of semen from many partners in the same woman. Also common was the belief that the disease sprang up in French and Spanish soldiers during the Siege of Naples (1494), who were rumored to have eaten human flesh and drunk wine that had been mixed with blood from lepers. Martin Lister, a famous English physician (1638-1712), believed that the disease came from America in sailors who had eaten iguana, a large lizard.

The true germ cause of syphilis was first discovered in 1905.

#4: Early Control Measures

Galen, who gave gonorrhea its name, taught that the disease could be stopped through cold baths, wrapping the sex organs in wool, and abstinence. In Persia, treatment for the disease included placing a live louse inside the patient's penis. Doctors in Egypt forced cold sea water mixed with vinegar or urine, under great pressure, into the penis to treat the disease.

A self-help book published in 1730 in America, *Every Man His Own Doctor*, told how to prevent syphilis: avoid eating flesh (mainly fresh pork), avoid strong drink, don't catch cold, don't live too near a swamp, and, as an afterthought, don't "venture upon a strange woman." If the advice wasn't heeded, syphilis could be treated with pills made of turpentine and deer dung in equal amounts. A later (1924) American book's treatment for gonorrhea was warm baths, warm drinks, holding the penis in warm water, putting leeches on the scrotum, and walking barefoot on a cold floor.

STD FACT #3

Recognizing an STD Infection

Did you know that...

—The major symptoms of STD are genital discharge, abdominal pain, painful urination, skin changes, and genital itching.

—A person who suspects an STD infection should: (1) stop having sex; (2) promptly go to a doctor; (3) get sex partners to a doctor.

Being Aware of Your Own Body

Anyone having sex with another person needs to be alert for the symptoms of STD. This is especially true for persons having sex with different partners. Any unusual or unexplained changes in the health of these persons may indicate an STD. Of course, the changes could be caused by other diseases. Changes in the genitals, especially, may be caused by an STD. However, the symptoms of some STD can appear anywhere on the body.

There are many STD. Many of them cause symptoms that are similar to other diseases. The symptoms of STD can be complex and confusing. Doctors often cannot tell by just looking. So, a person should not try to *diagnose* his or her own condition. That's the doctor's job. The important thing is for the person to recognize when there might be an STD infection and to see a doctor promptly. The sooner a doctor finds out which, if any, STD is present, the sooner treatment can begin for the person and his or her partners. Then, there is less chance of damage from STD, or that it will be passed on to someone else.

Important STD Symptoms

A person might have an STD if any of these symptoms are present: (The Summary Charts of Important STD that begin on page 34 list the symptoms for ten important STD.)

Genital Discharge. For men, pus may come from the penis. This may indicate gonorrhea, a chlamydial infection, or other STD. The discharge may be white, yellow, clear and watery, or thick. Women may also have a discharge. Since the discharge is often slight and inside the vagina, it may not be noticed. Further, it may not seem much different than the normal moisture in a woman's vagina.

Abdominal Pain. Women may have *abdominal* pain from an STD, which may indicate pelvic inflammatory disease.

Painful Urination. A burning feeling during urination, or frequent urination, may be a symptom of an STD.

Skin Changes. These symptoms include sores, rashes, blisters, and warts. Sores or blisters may be a symptom of syphilis or genital herpes. They may not be painful. Most often they appear on or near the genitals. A rash may indicate syphilis, and a person can acquire pink or reddish warts on or near the genitals.

Itching. Itching on the genital areas, or other body parts, may be a symptom of pediculosis pubis ("crabs"). In females, itching may be caused by infections of the vagina.

Having an STD without Symptoms

Some STD do not have any symptoms until the disease is well-advanced. Often the symptoms disappear, and then come back again, as the disease progresses. In some STD, the early symptoms disappear without treatment. Infections inside the mouth or anus are hard to notice. Most STD can still be passed on to someone even though the symptoms are not noticed, are absent, or disappear.

Males are likely to notice STD symptoms earlier than females. That's because male genitals can be seen more easily. Most women who have an STD do not know they are infected. For example, up to 80 percent of women with gonorrhea do not have symptoms. Women, therefore, are at a greater risk of attaining serious problems from STD. About 20 percent of men with gonorrhea don't have symptoms.

What to Do after Recognizing the Symptoms

Stop Having Sex. A person should stop having sex once an STD is suspected. This prevents the disease from being transmitted to any partner not already infected.

Go to an STD Clinic or to a Doctor. If a person detects any symptoms of an STD, he or she should go quickly to a doctor. Feelings of guilt or shame should be put aside. The important concern is to get medical treatment promptly. Home remedies, products bought in the mail, or drugs from friends should not be used. Only qualified medical people can give the correct care. Persons suspecting an STD shouldn't gamble that it might be something else or that it will go away. They should get a complete STD check-up from a doctor. Places that treat STD are discussed in STD Fact #4.

Get Partner to Treatment. Persons who think they have an STD should also try to get their sex partner(s) to a doctor right away. Since often the first warning that a woman has an STD is when her partner is infected, female partners especially should be advised. Partners who have no symptoms of an STD should still see a doctor. Suggestions on how to get a partner to a doctor are given in STD Fact #5.

Check-up (Place answers here only if you can keep this book.):

1. What are the five major symptoms of STD? _____
   _____
2. A person has an STD only when the symptoms are present. TRUE FALSE
3. What three things should be done by a person who suspects an STD infection? _____
   _____

Answers to Check-up:

1. The major symptoms of STD are: (1) genital discharge; (2) abdominal pain; (3) painful urination; (4) skin discharge; (5) genital itching.
2. False. The symptoms of STD are sometimes absent or not easily noticed. But, the person may still have the disease, and it can be passed to someone else. More males than females have symptoms of STD.
3. A person suspecting an STD infection should: (1) stop having sex; (2) go to an STD clinic or doctor quickly; (3) get the sex partner to a doctor.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Would most young people be alert to the most common symptoms of STD?
2. How would you feel if you gave an STD to someone? How could you deal with any unpleasant feelings?
3. Would most males, after being diagnosed as having an STD, notify a female sex partner that she might have an STD? Would most females inform a male partner?

Life Situation #3 (Try solving this problem before reading the answer.)

Henry and Beverly are going steady and having sexual intercourse. Henry, however, sometimes has sex with someone else. A few days ago Henry noticed some painful blister-like sores on his penis and feels like he has the flu. He hopes that the symptoms will go away without seeing a doctor. The blisters are too painful for Henry to continue having sex with Beverly and the other partner. Beverly hasn't mentioned any problems with her genitals, so Henry doesn't tell her about the sores. Then, in a couple of weeks, Henry's sores disappear. He now thinks he is all right, decides not to go to a doctor, and starts having sex again.

Question: Did Henry do any correct things? What should he have done in this situation? What information about STD did Henry not know? (See page 26 for the answers.)

STD THROUGH THE AGES

#5: "Five Minutes with Venus—A Lifetime with Mercury"

For almost four hundred years, mercury was the most widely-used syphilis treatment. Salves made out of animal fat and mercury were rubbed on the sores and rashes caused by the disease. Or, mercury was heated in special ovens while patients breathed the fumes for hours at a time. Compounds of the silver metal were also drunk.

Mercury caused a heavy flow of saliva. Its use was based on an old idea, first taught by Hippocrates, that illness resulted from one body fluid being out of balance with the rest. The aim in syphilis treatment was to remove three pints of saliva from the patient daily. Places set up for this treatment were called spital-houses, which some scholars suggest is the source for our word, hospital.

Mercury, or quicksilver, as it is often called, is a poison. Doctors had to be careful in its use. Treatment often lasted for 20 or more years. Hence the saying, "Five minutes with Venus, and a lifetime with Mercury." Since treatment was lengthy and far from pleasant, large amounts of the precious salves were sold by butchers, blacksmiths, and other false doctors who traveled from town to town. By the time the poisonous salves' effects were seen, the salve seller would be long gone. These people were called quicksilver salvers or quacksalvers. The term was later shortened to quacks, our word for greedy, false doctors.

#6: Fever Treatment

Paul Erlich, a Nobel prize-winning chemist, found the first true cure for syphilis in 1907. By 1940, patients with early syphilis who could endure weekly shots of painful arsenic and bismuth over 70 weeks' time could be cured. During this same era, fever or heat was widely-used for patients with late syphilis.

Syphilis and gonorrhea germs quickly die if exposed to light or small temperature changes. In the early 1800s, some doctors had noted that mental illness caused by syphilis seemed to have become more common after Jenner's smallpox vaccine had begun to bring that disease under control. And, they found that the mental state of some insane persons improved after an attack of smallpox. An early attempt at fever treatment was to draw braided strands of horsehair through the chest skin and scalps of mental patients. The horsehairs were pulled back and forth daily to increase the buildup of pus and the patient's fever. Some who survived the treatment may have been helped.

Julius von Wagner-Jauregg was the first to use malaria to treat the syphilitically insane, for which he received a Nobel prize in 1927. Patients were given malaria, which produced high fevers, and after several days were treated with quinine. About 40 percent of the cases were cured of their syphilis, but almost 30 percent of the patients died from the malaria. This was soon replaced with fever boxes and blankets that used sound waves or electric currents to raise a patient's body temperature to about 107°F for six to eight hours. Early tests caused many severe burns and deaths from heatstroke. But, by the 1940s, fever treatment was widely and safely used to treat many advanced syphilis and gonorrhea cases.

STD FACT #4

Seeking Treatment

Did you know that...

—minors can get STD medical care in every state without their parents' permission.

—public STD clinics, private doctors, family planning clinics, and hospitals are major places to get STD treatment.

—STD treatment will be more successful if the patient follows the doctor's directions exactly.

As stated in STD Fact #3, "Recognizing an STD Infection," a person who thinks he or she might have an STD should go to a doctor right away. The sooner one goes, the less likely the person will become seriously ill or give it to someone else. Remember, people who think they might have an STD should not try to diagnose or treat themselves.

Confidential Treatment for Minors

Some young people can talk with their parents about having an STD. Others cannot and wouldn't want their parents to find out if they got an STD. These people are sometimes afraid to go to a doctor. They're afraid that their parents will be told.

In every state, *minors* can be checked and treated for an STD without their parents' permission. The law applies to persons 12 years old and over in some states, and 14 years and over in other states. Call your health department or an STD clinic to find out about the law in your state. Also, all STD clinics treat the medical records of STD patients *confidentially*.

Finding Medical Help

Sources of STD Care. STD treatment is usually easy to find. In most places, there are several choices of where to go. Most large communities have a public STD clinic. These clinics usually do a very good job diagnosing and treating STD. They also make a person feel as comfortable as possible during the visit. A family doctor or another private doctor can provide treatment. Many family planning clinics and hospitals can treat people for STD.

Using the Local Telephone Book. A person can locate medical help by using the telephone book. However, finding the right number to call is not always easy. The location of information in the phone book varies from city to city. But, here are a few hints:

—In most cities, the STD or VD clinic is not listed under "venereal disease," "VD," or "sexually transmitted diseases." That is, it is not listed in the "V" section or "S" section of the white pages. Since a few cities do list their clinics that way, a person can check the white pages just to be sure.

—Probably the best way to find STD help is by looking for the health department in the phone book. Usually the health department is listed with the county or city government offices. In a few cities it is listed in the "H" pages under "health."

—Government departments are almost always given in the yellow pages under "government offices." Sometimes, they are given in the white pages under the name of the city or county, or in the "G" pages. And, some phone books have a special section of blue pages which lists government numbers.

—In large cities there may be several pages of government listings. The STD or VD clinic may have its own listing. Most often there will just be a number for the health department. It may be called Health Services, Public Health, Health Department, or some similar name.

—If there is a main office or information number listed for the health department, this number can be called to find out where a person can get help for an STD. A person should call the clinic to find out the hours it is open.

—Finally, a person can call a crisis telephone hotline. Many cities have telephone hotlines for persons with problems. Most hotlines can suggest a clinic.

The VD National Hotline. The American Social Health Association has a telephone hotline that can tell a person where to get STD treatment. The hotline can be called from every state, except Alaska and Hawaii. The VD National Hotline number is 1-800-227-8922. (In California, it is 1-800-982-5883. In Alaska and Hawaii, call your local health department.) This call is free and will not be charged to the phone bill as a long-distance phone call. The hotline can also answer questions about any STD. The telephone operators do not ask the caller's name or make him or her feel uncomfortable. They are trained to provide accurate information and to give callers the best advice.

Remembering Sources of Help. There is a place on the inside front cover where the name of a clinic or health facility that treats STD can be written. Write in the book only if you can keep it. If you cannot, ask your teacher for a copy of the page. Find out where a person can get STD treatment in your area and write it down. Then, if anyone ever needs to know where to go for medical help, it can be quickly found.

Money a Problem? If money is a problem, a person should still seek proper treatment. Many public STD clinics or birth control clinics will treat a person for free. Some may charge a small fee. No one needs to delay seeking help because of a lack of money.

The Treatment Experience

Helping the Doctor. An STD examination is not the same as a routine check-up. Special tests are done to find out if a person has an STD. Doctors or clinics that treat many health problems besides STD will often not do STD tests unless a patient asks for them. Other facts that are known only to a patient can help a doctor decide which tests and treatment should be given.

A patient should inform the doctor why an STD is suspected. This might include any symptoms that the patient has noticed or any knowledge that a sex partner has an STD. A patient should also tell the doctor what parts of the body have been exposed and when the contact took place.

Patients should ask questions about anything that is not clear. Some drugs should not be taken with food or other medicines. Some activities may have to be avoided. A person who has an STD should stop having sex until it has been cured. By asking questions and following the doctor's directions, patients can help make sure that they receive the best possible care.

Tests and Treatment. People examined for an STD do not need to be tested for all of the possible diseases. In most cases, two or three tests need to be done. None of the tests are very painful, nor do they take much time.

First, the doctor will examine a patient. This is done to see if there are any *signs* that the patient did not notice. Then the doctor will take a small sample of blood from the patient's arm. Next, fluid is taken from the patient's genitals or other exposed areas with a cotton-tipped swab.

Sometimes a doctor can tell right away if a person has an STD. At other times, the doctor must wait several days before test results can be known. Treatment may begin on the first visit in either case. This is more likely when the patient is known to have been exposed or when certain symptoms are present.

STD are not all treated in the same way. The type of treatment given depends on many factors. The doctor must decide which drug is best for each case. Sometimes shots are used. In other cases, an STD may be treated with pills or creams. The patient should always find out what is to be done or not done to make sure that the treatment will work. Drugs or medicines should be taken exactly the way a doctor prescribes and should not be shared with others.

There are no drugs yet that can cure AIDS or genital herpes. Most of the other STD can be cured in a short time. A person treated for an STD may be asked to return for follow-up tests. Even when the symptoms have disappeared, these tests are important. They are the best way to tell if the disease has been cured or not. Remember that a person can have an STD and not have any symptoms.

Sex Partner Referral. If a person has an STD, the doctor, a nurse, or someone with special training may talk to the patient about sex partners. The partners may need treatment also. Ways in which partners can be informed are discussed later in this book in STD Fact #5.

Check-up (Place answers here only if you can keep this book.):

1. Young persons can receive STD treatment without the permission of parents. TRUE FALSE
2. What are the main places where a person can get STD treatment? _____

_____

3. Most cities having an STD or VD clinic list it under "veneral disease" in the telephone book.
   TRUE FALSE
4. What are some important things a person should do after being diagnosed as having an STD? ___

_____

Answers to Check-up:

1. True. In every state, minors can be tested and treated for STD without their parents' consent. The law applies to persons 12 years old and over in some states, and 14 years old and over in others. Call an STD clinic or the health department if you want to find out the age for your state.
2. Places that can give STD treatment include public STD clinics, private doctors, family planning clinics, and hospitals.
3. False. Only a few cities with an STD/VD clinic list it under "V" in the white pages. The best way to locate STD treatment is by calling the health department or the VD National Hotline.
4. Anyone diagnosed as having an STD should follow the doctor's directions during treatment, stop having sex until cured, be sure that partners have been, or will be, checked for an STD, and return for follow-up tests.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Could most teenagers, if they got an STD, discuss the illness with their parents? Could you? Why? If you were a parent, would you want your child to tell you?
2. How would most teenagers feel about going to a doctor or STD clinic for STD tests? Would they be afraid or would they feel comfortable?
3. What would be your most important concern if you just learned that you have an STD?
4. If you got an STD, would you want to talk to someone about it? If so, whom?

Life Situation #4 (Try solving this problem before reading the answer.)

Sara, age 17, discovers from a sex partner that she might have an STD. This makes her feel ashamed and guilty. She knows that she should go to a doctor. But, she's afraid to see her family doctor, fearing that her parents will be told. She doesn't know where else to go for tests since she doesn't have much money of her own.

Question: How could Sara find out where to go for STD tests? What information does she need to know about teenagers getting STD treatment and being treated without much money? What could you say about STD to decrease Sara's feelings of guilt and shame? (See page 26 for the answers.)

STD THROUGH THE AGES

#7: Penicillin

For years, countless experiments were ruined by a common green mold that destroyed disease germs in culture plates that a scientist was attempting to grow. It wasn't until 1928, though, that a British physician, Dr. Alexander Fleming, observed that this feature of the mold might serve a good purpose. He found that the mold, which he named penicillin, destroyed a wide range of bacteria.

It took ten more years for Fleming's green mold to bear practical fruit. The growing stress of World War II caused efforts to protect soldiers from STD to be increased. A group of British scientists found a way to produce penicillin in useful amounts. And, they showed its effects against many diseases in man with few side effects.

In 1943, an American doctor, John Mahoney, treated four men with early syphilis who were quickly and fully cured by penicillin. Syphilis had been a leading cause of illness and rejection among would-be soldiers. Treatment was shortened from the 70 weeks of arsenic and bismuth to less than two weeks. Penicillin's title of "Wonder Drug" was well-earned. Its discovery is considered to be the greatest advance against communicable disease in all of history. Though many germs have grown resistant to the drug, it remains the first line of treatment for syphilis.

#8: Herpes Treatment: Modern Witchcraft

The story of herpes treatment today sounds sadly like that of syphilis hundreds of years ago. No cure has been found for the disease. But the numbers of "cures" tried by its many victims run into the thousands. Greedy quacks have been quick to exploit the fear, pain, and shame of those victims with limited knowledge about the disease.

The disease lends itself well to quack cures. The sores and lesions of herpes, like with early syphilis, heal themselves without treatment. For many people, the sores seldom or never recur. Their bodies' normal immune system keeps the virus in check. Worthless cures will appear to help many such persons just by the laws of chance. Emotions are also known to play a role in recurrences. Persons who believe that a "cure" will work may gain a mental lift—the well-known "placebo" effect—that makes the treatment appear to work, when it was the person's own body that caused healing to occur.

Although advances in herpes treatment may occur in the future, persons with herpes are well-advised to avoid books, drugs, or diets that promise rapid cure for herpes. The only ones who gain from quack cures are the sellers.

STD FACT #5

Getting Partners to Treatment

Did you know that . . .

—the major reasons for getting sex partners to a doctor are to: (1) prevent serious illness in the partners: (2) prevent reinfection; (3) help control the spread of STD.

—one of the best ways to be sure a partner gets treatment is to take him or her to the doctor on the first visit.

—STD case specialists can contact sex partners if the patient does not want to, or cannot.

Persons who acquire an STD and get it treated have done the right thing. However, they have met only part of their responsibility. Helping sex partners get to a doctor is also important. Partners must be notified quickly.

Why Get Partners to a Doctor?

Prevent Serious Illness in Partner. Helping a partner to treatment might spare him or her from getting very sick from STD. A lot of pain and suffering can be prevented. Remember from STD Fact #3 that many persons—particularly women—don't have any early noticeable symptoms of an STD. Symptoms may not appear until the disease has become advanced. At that stage, serious health problems may have developed. A person's warning may be the partners' first clue that they might have an STD. The partners may have passed the disease to others without knowing they were infected.

Prevent Reinfection. A person can get reinfected by a partner who is not treated. This can happen if sexual activity resumes before an infected partner is cured. An STD can be like a dangerous ping-pong game, going back and forth between two people. The persons should not begin to have sex again until both have been cured.

Help Control the Spread of STD. Getting a partner to treatment will help control the spread of STD. Not only will the partner be treated, but that person can encourage any of his or her other sex partners to be treated.

Ways of Getting Partners to Treatment

Taking Partner to the Clinic. One of the best things a person can do is to take the sex partner to the doctor or clinic during the first visit. Doing this helps get a partner, and the partner's partners, treated sooner. If a person waits until after being diagnosed, the person can still offer to take the partner to the clinic. Having someone to go with might make the partner feel more comfortable.

Inform Partner Directly. If a person can't take a partner to the clinic or doesn't want to, the partner can be informed directly. This can be done face-to-face or over the telephone. Some people would rather tell their partners themselves. Others want someone else, like an STD case specialist, to inform them. Most people probably know best how their partner would want to find out.

Talking to a partner directly would be a good chance to share any emotions that one might have about getting an STD or giving it to someone else. Talking about it can help a person deal with these feelings.

Telling the partner that he or she might have an STD may be a little uncomfortable. But, it may not be as bad as one thinks. If a person doesn't know how, here's an example of what one person said to his partner:

"Carmen, I want to talk with you. It's not easy telling you this, but I've got gonorrhea. I'm sorry, but that means you might have it too. I've been to a doctor and took care of it. I'll be all right. But, the doctor says you need to be checked too. Even if you don't have any symptoms of gonorrhea, you still might have it and could get real sick if it isn't treated. You've got to see a doctor. I know a clinic where you can go. No

one, not even your parents will be told. It's no hassle. I want to help you. Can I help by going to the clinic with you? Carmen, please go right away!"

An STD Case Specialist Can Help. A doctor or STD case specialist can help to notify partners. Even though the doctor doesn't actually do the contacting, he or she knows how to get in touch with a case specialist. Informing partners is very important for their health and for preventing the spread of STD. A person isn't being disloyal by giving names to a case specialist. Caring for the partner's health is a sign of loyalty and maturity. It does the partners a great favor by helping get them to medical treatment.

Talking with the STD case specialist may be helpful even if a person doesn't know the name of a partner. (Remember the suggestion in STD Fact #2 that everyone should get the name and phone number of all sexual partners.) Case specialists can often locate people even without having their names.

Case specialists talk with partners privately and inform them that they might have been exposed to an STD. They also help get partners to a doctor or clinic. The case specialists don't scold people or pass judgement on them. All of the information is kept secret. And, the identity of the person who gave his or her name is not mentioned to the partner.

Sending a Letter. As a last resort, one can send a letter to the partner. This should be done only if it is certain that no one else will read it. It should be sent as soon as an STD is discovered. Any delay in the letter getting to the partner might mean that a possible STD could be getting worse. To help the partner get the letter sooner, one could deliver it in person. A person can say some of the same things mentioned in the example of the face-to-face/telephone contact. Or, one might write something like this:

Dear _____:

I've just learned that I've got syphilis. Since we've been together, you may have it too. I hope not. But the doctor says you need to be checked very soon. A person can have a sexually transmitted disease without any symptoms. Don't gamble. Play it safe and go to a doctor or clinic for a check-up.

If you are infected and have been with other partners, they should see a doctor too. The chances of getting infected again are very high if everyone is not cured.

Sincerely,

(your name signed)

Check-up (Place answers here only if you can keep this book.):

1. What are the three main reasons why it is important to get a sex partner to a doctor? _____
   _____
2. People can get reinfected with an STD if they resume sex after treatment and the partner has not been treated. TRUE FALSE
3. What is the best way to make sure that a sex partner gets treatment? _____
   _____
4. Case specialists will tell a sexual partner where his/her name was obtained. TRUE FALSE

Answers to Check-up:

1. Preventing serious illness in the partner, preventing reinfection in one's self, and helping control the spread of STD are the major reasons for getting a partner to treatment.
2. True. A person can become reinfected if sexual activity resumes before an infected partner is also cured.
3. One of the best ways a person can be sure that the partner gets STD treatment is by taking him or her to the doctor on the first visit.

4. False. Information about the source of his/her name is kept secret. A case specialist will never mention a person's name to the partner.

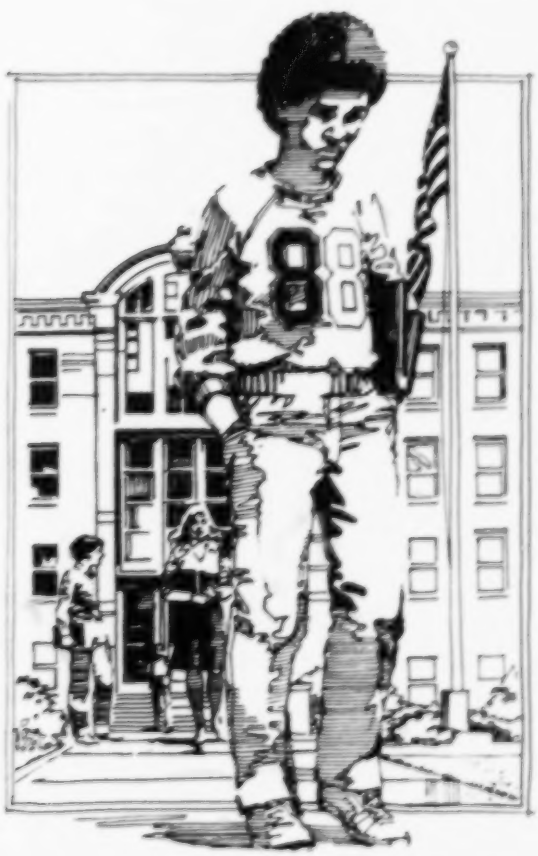
What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Would most young people feel comfortable taking a sex partner with them to an STD clinic or doctor? Why?
2. How would you feel about telling a sex partner he/she might have an STD?
3. How would you want to find out that someone had exposed you to an STD? Would most teenagers want to be told by a sex partner or a case specialist?
4. Is giving a sex partner's name to the STD case specialist "squealing"?

Life Situation #5 (Try solving this problem before reading the answer.)

Frank learns from his doctor that he has gonorrhea. But, he doesn't like the idea of telling his partner, Lou. He says that he just doesn't know what to say. He finally decides not to talk with Lou since, according to him, the symptoms will develop soon anyway. Lou then will know that something is wrong and will go to a doctor, says Frank.

Question: Was Frank correct in not talking to Lou? Why? What are some things that Frank could say to Lou? In what other ways could Lou have been informed? (See page 26 for the answers.)



STD FACT #6

Stopping the Spread of STD

Did you know that . . .

—being responsible for your health and the health of any sex partner is the best way to stop the spread of STD.

—informed persons are better able to avoid getting and passing on an STD.

—you can serve as a source of sound information and advice about STD for your friends.

Individual Efforts: The Key to STD Control

As stated earlier, STD have become very common in our country. Millions of persons suffer both physical and emotional damage from the diseases. Young adults, females, and babies suffer the most. Such organizations as the Centers for Disease Control of the U.S. Public Health Service, the American Social Health Association, the American Venereal Disease Association, and local health departments are conducting programs to control some of these diseases. The work of these groups is valuable. But, the best way to fight STD is by the efforts of individual persons. STD can be controlled—and there are ways you can help.

Being Responsible for Your Health and the Health of Others

One of the best ways you can help control STD is by taking responsibility for your health and well-being. This also means being responsible for the health of any sex partner. You can do this in several ways. (Many of these suggestions have been given before, but it might be valuable to mention them again since they are important.)

1. **Avoid STD.** Of course, if everyone tried to avoid getting an STD, fewer people would suffer damage from the diseases. People who do not get an STD avoid the health problems and can never pass them on to sex partners or infants. The surest way to avoid an STD is not to have sex. If a person chooses to have sex, it should be limited to one partner. Any partner should be chosen with care. Persons with STD symptoms or who have many partners should be avoided. Other preventive measures, such as the condom, should also be used.
2. **Pay Close Attention to Your Own Body.** If a person has sex with others, it is important to be alert to any changes in the genitals or other parts of the body. This is especially true if the person has more than one partner. Genital discharge, abdominal pain, painful urination, skin changes, and genital itching are symptoms of STD.
3. **Seek Medical Care.** Anyone having sex should seek prompt medical care if any of the symptoms appear. He or she should also go to a doctor if the symptoms aren't present, but an STD infection is suspected. Persons having sex with different partners should have regular STD check-ups. These check-ups are especially important for females since often they do not have symptoms.
4. **Avoid Passing on STD.** Once a person knows or even suspects he or she has an STD, being responsible to others means not passing on the STD. This is done by not having sex with anyone until the disease is cured or until the person finds out that he or she is not infected. Also, a pregnant woman with an STD should get proper medical care to avoid passing the disease to her baby.
5. **Get Partners to Treatment.** The final step is for everyone with an STD to accept responsibility for getting sex partners to medical care.

Keeping Informed about STD

Being informed about STD means that the person knows: (1) how STD are spread; (2) how to keep from getting STD; (3) how to recognize an STD infection; (4) when and where to go for treatment; (5) how to get sex partners to doctors. Informed persons are better able to avoid getting and passing on STD. They are also more likely to get any suspected STD treated before serious health damage develops.

You have taken the first step to becoming informed about STD by reading this book. You can also keep informed by calling the VD National Hotline that was previously mentioned (see inside front cover for the telephone number). Or, you can get information from libraries, health departments, a doctor, teacher, school nurse or counselor, or a health clinic. There's a space on the form (inside front cover) where you can write the place in your community that has STD information. Further, most bookstores have books about STD. And, the American Social Health Association can send pamphlets if you request them. (Single copies are free. There is a charge for quantities.) Write to: **American Social Health Association, 260 Sheridan Avenue, Palo Alto, California 94306.**

Promoting STD Education and Treatment Programs

Like most topics related to sex, many people are embarrassed to talk about STD. This includes some teachers, parents, counselors, and doctors. Even health textbooks may not give many details about STD. STD information is often lacking, out-of-date, and wrong. Therefore, many of the "facts" that people have learned about STD are not true. Information from accurate sources has not been easy to obtain.

You can help control STD by wiping out STD myths. You and some friends can start an educational campaign. You can do some things yourself. Here are some ideas:

1. **Serve as a Resource for Your Friends.** Your friends who haven't read this book may not know as much about STD as you do. Tell them that you can give them correct information and offer advice. Inform them about the VD National Hotline. Or, you can loan them this book if it is yours. Serving as a resource also means being understanding and giving support to a friend who might get an STD.

2. **Distribute STD Information in Your Community.** There are several ways to get STD information into the area where you live. For example, you could write articles about STD for your school or community newspaper. Articles could also be given to your local radio and television stations. Distribute STD fact sheets, like the one the inside back cover, to persons you know or other students in your school. Maybe your teacher can make copies for you. Be sure your school bulletin board has a copy of it. (Check this with your teacher.) You can ask your school or community library to get copies of this and other STD books if they have not already done so. And, you could organize a teenage STD speaker's bureau.

3. **Support STD Research and Health Care.** Sometimes persons can help in this area by donating their time or giving some money. For example, teenagers in one city organized a transportation service to help persons get to an STD clinic.

Conclusion

Someday, perhaps, the number of STD cases can be greatly reduced. Better tests, newer drugs, and vaccines can help control STD. In the meantime, millions of persons suffer physical and emotional health problems from them. Even though STD are dangerous, much damage can be prevented without further medical advances. The actions of individual persons, like you, are the most important factors. The promotion of sound health for yourself and others is the key ingredient.

Check-up (Place answers here only if you can keep this book.):

1. The actions of an individual are the most important factors in reducing the spread of STD. TRUE FALSE
2. What is the best way you can help control STD? _____
   _____
3. Where can information about STD be obtained? _____
   _____
4. What are some ways you can help promote STD education and treatment? _____
   _____
   _____

Answers to Check-up:

1. True. An individual's health behaviors are the most important factors in reducing the spread of STD.
2. Accepting responsibility for one's health and the health of any sex partners is the best way a person can help stop STD.
3. Libraries, health departments, medical clinics, doctors, teachers, school nurses, counselors, and the VD National Hotline are important sources of STD information.
4. One can help promote STD education and treatment programs by: (1) serving as a resource for friends; (2) distributing STD information in the community; (3) supporting STD research and health care.

What Do You Think? (Don't write your responses to these questions anywhere, but do try to answer them in your mind.)

1. Are most young people responsible enough for their own health to keep themselves, and any sexual partners, free from suffering the consequences of STD? Why?
2. Should a person be required to take STD tests when he/she gets a routine physical examination, or for a women, during a Pap test or pelvic examination?
3. Is STD education needed, or is it a waste of time? For example, should STD be discussed at school, on radio and television, and in the newspapers?
4. If a friend told you that he/she had an STD, how could you be supportive and understanding? Or would you feel "turned-off" and not want to continue being friends?

Life Situation #6 (Try solving this problem before reading the answer.)

Juan is a member of an STD teenage speaker's bureau from his school. A friend from another school that does not have STD education asked him to make a presentation to a club to which she belongs. The main topic he chose to speak about is how each person, individually, can help control STD.

Question: What are the most important things Juan could say? (See page 27 for the answer.)

Possible Solutions to Life Situations

1. No, they do not realize that STD are a serious health problem in our country. There are many statistics presented in STD Fact #1 that you could give them concerning the size and consequences of the problem. Basically, you could tell them that STD are very common in the United States. Almost 20 million persons are affected, including babies born to mothers with an STD. STD can lead to serious health problems that include damage to the reproductive system, the nervous system, and may even lead to death. You should also emphasize that about one-half of all STD patients are under the age of 25. STD cause serious damage to more teenagers than do all other communicable diseases combined.

2. Cindy should first state that STD are passed during sex through the mucous membranes, such as on the genitals, mouth, and anus. Cindy then can tell Susie that sexual abstinence and sexual fidelity are the surest ways of avoiding STD. People with different partners increase the risk of getting an STD with each new partner they have. For persons with different partners, the condom is the best preventive measure. Avoiding people with STD symptoms and who have many partners can prevent STD. Washing and urinating after sex and using contraceptive foam with a condom can also help. It would also be good for Cindy to inform Susie about the symptoms of STD and how to get STD treatment.

3. Henry did do one correct thing. He stopped having sex after the blisters appeared. However, he should have stopped because of the chance of passing on a disease, not just because the sores were too painful. Henry failed to do three important things. First, he should have gone to a doctor immediately and asked for STD tests. Secondly, he should have been sure that all of his sex partners saw a doctor. And finally, he should not have started having sex again. Henry did not know the symptoms of STD very well. He didn't realize that the symptoms of many STD disappear on their own. But, the person can still have an STD and pass it on. And, Henry didn't understand that for many females the symptoms of STD are not easily noticed. Beverly may have had the same blisters, but not have noticed them.

4. Sara could look under the white pages of the telephone book for "Venereal Disease Clinic" or "Sexually Transmitted Disease Clinic." Or, if these aren't listed, she could look under "Health Department," which is usually given with the county or city government offices in the yellow pages. The health department could suggest places she could go for STD tests. Finally, she could call the VD National Hotline for the address of the nearest STD clinic. Sara needs to know that persons under the age of 18 can get STD treatment in every state without their parents' permission. Also, many clinics will treat a person with an STD for free. To help her deal with her feelings of guilt and shame, you could tell her that people who get an STD aren't bad. They have an illness that is caused by germs. All types of people get STD. It's not punishment for sexual activity. The most important thing is for Sara and her partner to be treated quickly and to avoid STD in the future.

5. Frank should have talked with Lou as soon as possible after discovering he had gonorrhea. He did not realize that the symptoms of STD, especially gonorrhea, are often not visible. By the time Lou notices symptoms, serious health problems may have developed. In talking with Lou, Frank could admit that what he is going to say is not easy. But he has gonorrhea and Lou might have it too. He should encourage Lou to see a doctor quickly. Frank could point out that treatment is confidential and parents won't be told. Then he could have offered to go with Lou to a doctor or clinic. If he could not talk to Lou face-to-face, he could have called or left Lou a note, or as a last resort, he could mail a letter to Lou. And he should have given Lou's name to the doctor. A case specialist would help Lou get medical help, and Frank's name would never be mentioned.

6 Juan could tell the club members that being responsible for their own health, and the health of any sex partner, is the best way a person can help control STD. He could continue by stating that being responsible means: (1) avoiding STD yourself; (2) paying close attention to your body and your partner's body for STD symptoms; (3) seeking medical care if an STD is suspected; (4) not passing an STD on to others; (5) being sure to get sex partners to a doctor if you get an STD. Details about each of the five suggestions should follow. For example, it would be good to describe STD prevention measures and symptoms. In conclusion, Juan could inform them of other STD information sources, since their school does not teach the subject.

SELF-TEST II

Part A—STD Facts or Fallacies

This is the same questionnaire given in the front of the book. By taking it again, you can discover what you have learned about STD from reading this book. Record your answer here if you can keep this book, or on another sheet if you cannot. Again, you are *not* required to complete this form.

Answer Key: T = True
F = False
U = Undecided

T F U 1. Syphilis and gonorrhea are the most common STD in the USA.

T F U 2. Upper class people don't get STD.

T F U 3. STD can be transmitted only by genital contact.

T F U 4. The more sex partners a person has, the greater the chances of getting an STD.

T F U 5. For persons with different sex partners, using a condom is the best way to prevent STD.

T F U 6. A person can pass on an STD even though no symptoms are present.

T F U 7. The symptoms of STD are equally noticeable for females and males.

T F U 8. A person who suspects an STD should stop having sex and go to a doctor quickly for an STD check-up.

T F U 9. Persons under the age of 18 must get the permission of their parents to get STD treatment.

T F U 10. A person can usually locate STD/VD treatment by looking under "Venereal Disease" in the telephone book.

T F U 11. Routine physical examinations usually include tests for STD.

T F U 12. A person can get an STD again after being cured, by having sex with a partner who was not treated.

T F U 13. STD case specialists are required to tell a person they contact, who gave them his or her name.

T F U 14. Persons having sex with different partners should have regular STD check-ups even if they don't have STD symptoms.

T F U 15. A person can do more to prevent getting an STD than the health department or doctors.

Answers: The correct answers are given below. Be sure to look up any questions you missed using the page listed below.

1. F, STD Fact #1, p. 6
2. F, STD Fact #1, p. 6
3. F, STD Fact #2, p. 9
4. T, STD Fact #2, p. 9
5. T, STD Fact #2, p. 10
6. T, STD Fact #3, p. 13
7. F, STD Fact #3, p. 14
8. T, STD Fact #3, p. 14
9. F, STD Fact #4, p. 16
10. F, STD Fact #4, p. 16
11. F, STD Fact #4, p. 17
12. T, STD Fact #5, p. 20
13. F, STD Fact #5, p. 21
14. T, STD Fact #6, p. 23
15. T, STD Fact #6, p. 23

SELF-TEST II

Part B—Thoughts about STD

This is the same form given in the front of the book. It might be fun to see if any of your feelings changed. Don't look back for your other answers until you have completed this form.

Circle the symbol (-, 0, or +) that is most like what you think. Record your answers here if you can keep this book, or on another sheet if you cannot. As before, you aren't required to complete this questionnaire.

	-	0	+
1. People are making too big of a deal out of STD.	disagree	neutral	agree
2. Only bad people get STD.	disagree	neutral	agree
3. Trying to prevent STD is too much trouble.	disagree	neutral	agree
4. There is nothing wrong with giving an STD to someone else, since others should watch out for themselves.	disagree	neutral	agree
5. Persons who pay attention to their genitals for STD symptoms are dirty.	disagree	neutral	agree
6. People who get an STD should feel ashamed and guilty.	disagree	neutral	agree
7. Doctors and STD health workers cannot be trusted.	disagree	neutral	agree
8. Persons with an STD don't have any obligation to get their sex partners to a doctor.	disagree	neutral	agree
9. Anyone with an STD who gives the name of a sex partner to the doctor is a "squealer."	disagree	neutral	agree
10. Controlling the spread of STD is the duty of the government and medical people, not individual persons.	disagree	neutral	agree
11. People with an STD do not deserve help from others, since they got what they deserved.	disagree	neutral	agree

If you circled:

- \- Reflects an attitude which can help prevent STD.
- 0 Reflects no opinion.
- \+ Reflects a lack of awareness about STD.

FEMALE REPRODUCTIVE SYSTEM

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored until it leaves the body.

CERVIX (SIR-vicks). Lower part of the uterus which extends into the vagina.

CLITORIS (KLIT-or-iss). Small, sensitive organ located at the top of the labia.

FALLOPIAN TUBE (fah-LOW-pee-un). A hollow tube through which eggs travel from the ovary to the uterus.

MAJOR LIP or Outer Labia (LAY-be-uh). The larger and more outer lip-like structures that cover the opening of the vagina.

MINOR LIP or Inner Labia (LAY-be-uh). The smaller and inner lip-like structures that cover the opening of the vagina.

OVARY (OH-vuh-ree). One of the two female organs that secrete female hormones and produce ova (eggs).

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

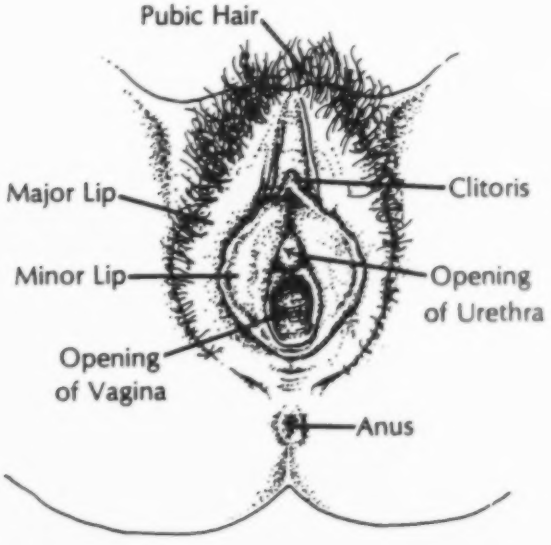
RECTUM (REK-tum). The lowest part of the large intestines.

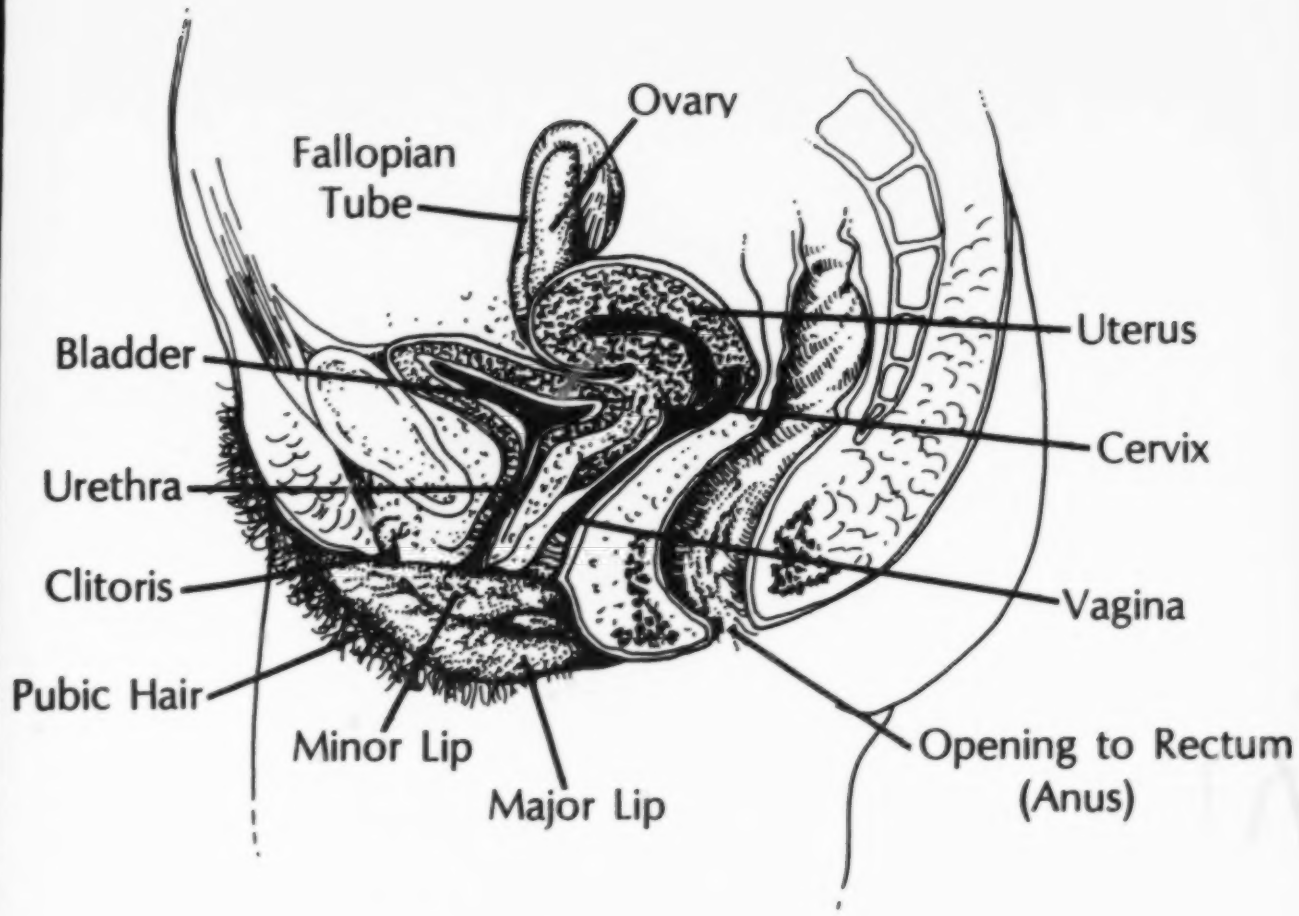
URETHRA (your-EETH-ruh). The tube through which urine passes out of the body.

UTERUS (YOU-ter-us). Organ where the fertilized egg becomes implanted and develops into a baby. Also called "womb."

VAGINA (va-JINE-uh). The female birth canal and tube that accepts the penis during intercourse.

external structures




Ovary
Fallopian Tube
Uterus
Bladder
Cervix
Urethra
Vagina
Clitoris
Pubic Hair
Minor Lip
Major Lip
Opening to Rectum (Anus)

MALE REPRODUCTIVE SYSTEM

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored before it leaves the body.

PENIS (PEE-nis). The male sex organ through which urine and semen pass.

PROSTATE GLAND (PROSS-tate). Furnishes most of the fluid that is mixed with sperm before it leaves the body.

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

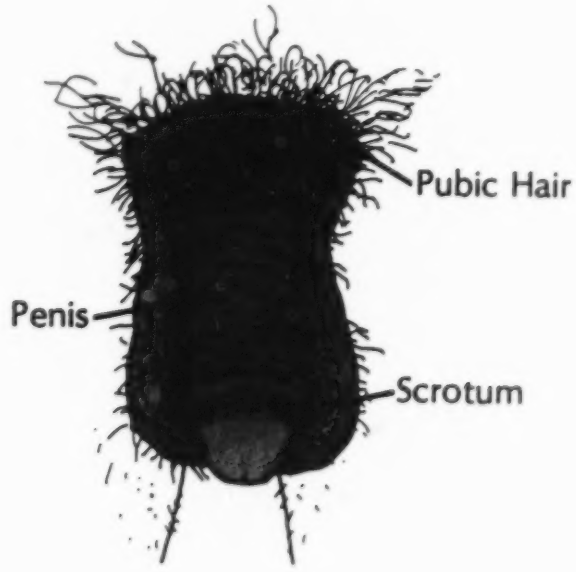
RECTUM (REK-tum). The lowest part of the large intestines.

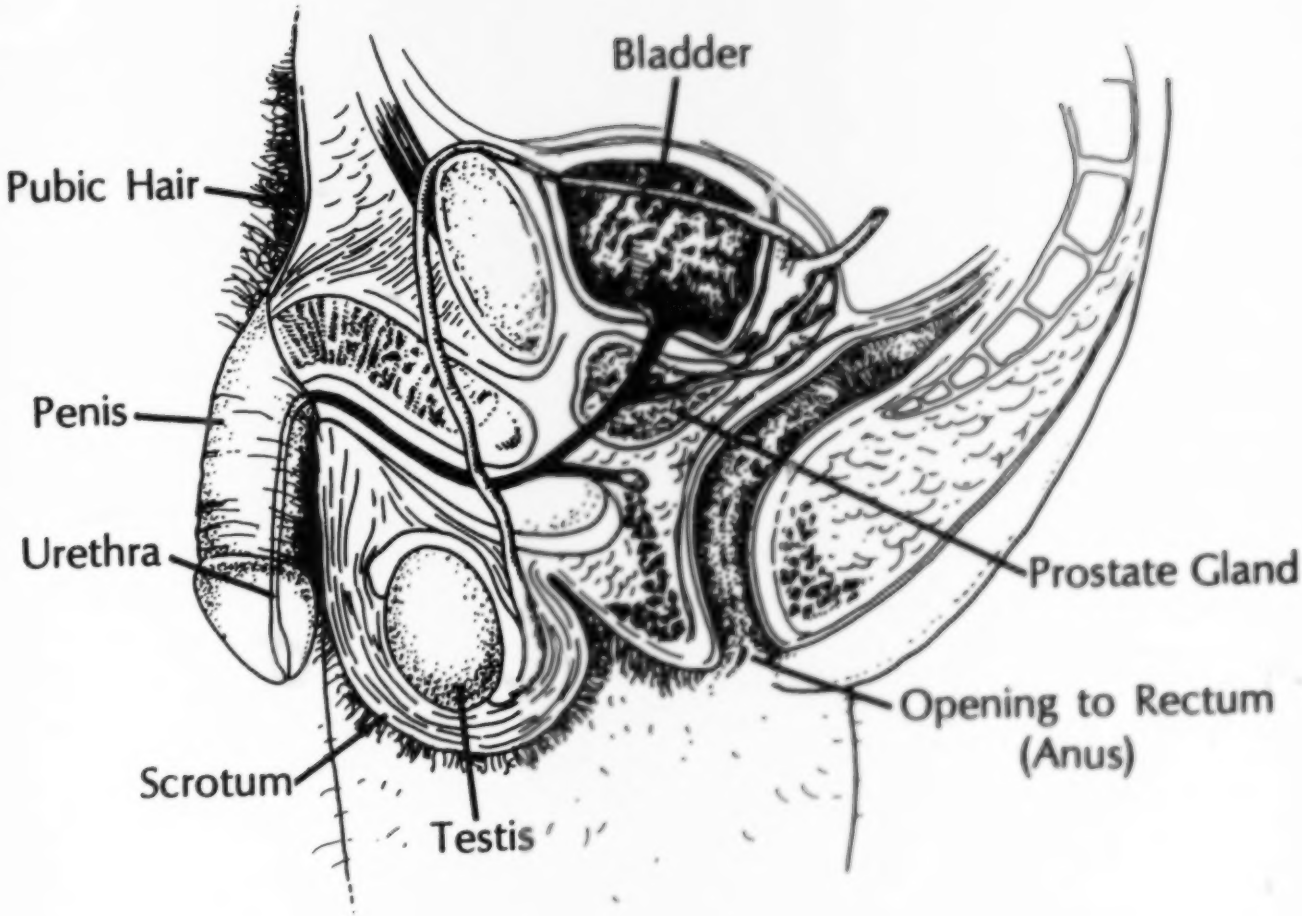
SCROTUM (SKROH-tum). The external pouch of skin, below the penis, in which the testes are contained.

TESTES (TEHS-tees) or TESTICLES (TEHS-ti-kuhls). Two male glands located in the scrotum that produce sperm and male hormones.

URETHRA (yoor-EETH-ruh). The tube through which urine passes out of the body.

external view: front




Bladder
Pubic Hair
Penis
Urethra
Prostate Gland
Opening to Rectum
(Anus)
Scrotum
Testis

SUMMARY CHARTS OF IMPORTANT STD

ACQUIRED IMMUNODEFICIENCY SYNDROME
(uh-CHOIR-d im-YOON-oh-de-FISH-UN-see SIN-drom)

Other Name:	AIDS.
Organism:	Virus, transmitted through sexual contact, contaminated needles (such as those used by intravenous drug abusers) and transfusions. The AIDS virus attacks the body's immune system, its natural defense against disease.
Incubation:	May be from 6 months to several years.
Typical Symptoms:	Fever, weight loss, severe tiredness, swollen grands, and diarrhea. All these symptoms tend to last a long time and gradually get worse. Because the immune system does not work well, people with AIDS can get severe pneumonias or unusual cancers, especially in the skin.
Diagnosis:	A new laboratory test is currently available, but diagnosis is still very complicated. Requires medical exam.
Treatment:	Although there are treatments for some complications of AIDS, there is presently no cure for AIDS. There has been no way to get the immune system going again once the AIDS virus has damaged it.
Danger:	Nearly half of all patients with AIDS have died.
Comments:	AIDS occurs most frequently in gay or bisexual men. Some drug abusers also get AIDS. Male and female sex partners of persons with AIDS or at risk for it have become infected. Some heterosexual men and women, including prostitutes, have had AIDS.

CHLAMYDIAL INFECTIONS
(klah-MID-ee-ul in-FECK-shuns)

Other Names:	Chlamydia: *Chlamydia trachomatis.*
Organism:	Bacteria: *Chlamydia trachomatis.* Passed during sexual contact; infants become infected during vaginal delivery. Highly contagious.
Incubation:	2-3 weeks for males; usually no symptoms in females.
Typical Symptoms:	Symptoms tend to develop slowly and are often mild. Many cases have no symptoms. Females: sometimes a slight vaginal discharge; itching and burning of vagina, painful intercourse; abdominal pain; fever in later stages; Males: discharge from penis; burning and itching at urethral opening; burning sensation during urination.
Diagnosis:	Difficult to diagnose; culture test can determine disease, but many private doctors and hospitals do not have it; diagnosis is often by ruling out gonorrhea with appropriate tests; a more rapid test involving microscopic examination of discharge from urethra or cervix has been recently developed. This test may be available in some clinics.
Treatment:	Curable with antibiotics (not penicillin).
Danger:	If untreated can cause sterility, premature and still births, and infant pneumonia and eye infections which can lead to blindness.

Comments: Widespread in USA with an estimated 2 million people getting the disease annually. About one-half of nongonococcal urethritis in men and pelvic inflammatory disease in women has been attributed to chlamydia. Many persons with gonorrhea also have chlamydia.

GARDNERELLA VAGINITIS (GARD-ner-EL-a Vag-in-ITE-us)

Other Names: Nonspecific vaginitis; bacterial vaginosis.

Organism: Bacteria: *Gardnerella vaginalis* and possibly other bacteria. Passed by genital contact with an infectious person.

Incubation: Varies.

Typical Symptoms: Most persons don't have any symptoms; especially rare in males. Female symptoms may include a slight grayish or yellow, odorous vaginal discharge and a mild itching or burning sensation.

Diagnosis: Microscopic slide, chemical analysis of vaginal material, and culture test from infection site.

Treatment: Curable with antibiotics and vaginal creams or suppositories.

Danger: Recently, this condition has been associated with prematurity and other abnormal pregnancy outcomes.

Comments: Disease is still not fully understood. Some health experts believe that more females seek treatment for this disease than any other type of vaginitis. Males may carry the bacteria and need treatment along with the female partner to prevent reinfection.

GENITAL HERPES (Jen-a-tul HERP-eez)

Other Names: Herpes simplex virus.

Organism: Virus: *Herpesvirus hominis*. Virus can be found anywhere on the body, but is usually found on the genital area. Passed by direct contact with infectious blisters or sores usually found on the genitals, anus, or mouth.

Incubation: From a few days to about 3 weeks.

Typical Symptoms: Formation of painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. Females may have sores on the cervix without pain. Sores may reappear throughout life, although they heal faster and occur less frequently with time. Factors like stress, fatigue, and other illnesses may trigger recurrence of sores in some people.

Diagnosis: Visual examination, Pap smear, microscopic slide examination of fluid from sore, tissue culture.

Treatment: No medicine can cure herpes at the present time; medications are sometimes given to relieve pain, to shorten the time of sores, or to prevent bacterial infections at the open sores.

Danger: Women with HSV may have a greater risk of developing cancer of the cervix (these women should get a Pap test every year). Herpes can be fatal to infants who acquire the disease, with many other infants suffering permanent brain damage. The baby can be protected by Caesarean delivery, especially if the mother has an active case at the time of delivery.

Comments: An estimated seven million persons are affected by new or recurrent episodes of

genital herpes annually. Infected persons should avoid intimate contact with others when blisters or sores are present. The American Social Health Association has developed a service for persons with herpes infections, called the Herpes Resource Center. It provides self-help support groups and a quarterly newsletter. For more information, write to: Herpes Resource Center, Box 100, Palo Alto, California 94302.

GENITAL WARTS (JEN-a-tuh WORTS)

Other Names:	Venereal warts; condyloma acuminata.
Organism:	Human papillomavirus. Transmitted by direct contact with warts in the genital and anal area.
Incubation:	6 weeks to 8 months.
Typical Symptoms:	Some persons may not have symptoms. Others have warty growths around genital and anal area.
Diagnosis:	Usually identified by observation of warts. Biopsy (skin examined under microscope) might be done in unusual cases.
Treatment:	Medication applied to warts, freezing or laser therapy, or surgical removal.
Danger:	Can grow to large size and obstruct vagina, urethra, or anus. Can be transmitted to infant during birth. Some recent studies have suggested an association between certain human papillomaviruses and cervical cancer.
Comments:	Common.

GONORRHEA (GON-oh-REE-ah)

Other Names:	GC, clap, drip.
Organism:	Bacteria: *Neisseria gonorrhoeae*. Typically passed by direct contact between the infectious mucous membranes, e.g., genitals, anus, and mouth, of one person with the mucous membranes of another. Contaminated fingers can pass the organism from infected mucous membranes to the eyes. Catching disease from objects is very unlikely.
Incubation:	Usually 2-10 days, but possibly 30 days or more.
Typical Symptoms:	Genitals (penis or cervix), anus, throat, and eyes can be infected. Males: burning urination and pus discharge for infection of urethra (5-20% have no symptoms). Females: may have vaginal discharge, although up to 80% have no symptoms for cervical infection. Both sexes: mucous discharge from anus, blood and pus in feces, irritation of anus for infection of rectum; often no symptoms or mild sore throat for gonorrhea of the throat. Infection of eyes is rare in adults.
Diagnosis:	Microscopic observation of discharge; culture from possible infection site.
Treatment:	Curable with antibiotics.
Danger:	Pelvic inflammatory disease (PID), sterility in both sexes, arthritis, blindness, meningitis, heart damage, kidney damage, skin rash, ectopic pregnancy, and eye damage in newborns (acquired from mother's vagina during childbirth).
Comments:	Number one reportable communicable disease in the USA with an estimated 2 million cases yearly at a cost of $1 billion. PID occurs in 15% of females infected. Gonorrhea is a major cause of sterility, particularly in women. Some strains of gonorrhea have become more resistant to penicillin in recent years. Thus, higher doses of penicillin have been required to cure the disease. One strain, penicillinase-producing *Neisseria gonorrhoeae* (PPNG), is resistant to all forms of penicillin.

HEPATITIS (hep-uh-TITE-us)

Organism:	Virus: Hepatitis A or B. Virus found in saliva, blood, semen, urine, and feces. Passed by sexual contact including anal or oral sex. Can be passed nonsexually from shared razors, toothbrushes, needles, eating utensils, and other similar objects. Hepatitis A can be passed from food or water that contains fecal material.
Incubation:	Hepatitis A: 15-50 days. Hepatitis B: 45-160 days.
Typical Symptoms:	Some persons may not have any symptoms. Others have nausea, fever, loss of appetite, dark "cola-colored" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver.
Diagnosis:	Blood test.
Treatment:	No medical cure. Most persons recover within 6 to 8 weeks. Bed rest, good nutrition, and avoidance of alcohol and drugs are recommended.
Danger:	Can cause severe illness, liver damage, and death; premature birth or spontaneous abortion; infant may be born with Hepatitis B acquired from mother.
Comments:	At least one-half million persons affected annually. Hepatitis A can be prevented or lessened by an injection of immune serum globulin within 2 weeks following exposure. Homosexual males have a high risk for Hepatitis B. A vaccine for Hepatitis B is now available.

PEDICULOSIS PUBIS (pa-DIK-you-LO-sis PUE-bus)

Other Names:	Crabs, pubic lice, and cooties.
Organism:	Louse: *Phthirus pubis*. Passed by direct contact with infested person or by infested sheets, towels, and clothing.
Incubation:	Eggs hatch after 3 to 14 days.
Typical Symptoms:	Some persons may not have any symptoms. Others have intense itching, blue or gray spots, and insects or nits (eggs) in the pubic area. Also may have pinhead-size blood spots on underwear.
Diagnosis:	Microscopic examination of nits on hair and locating adult lice adhering to hair.
Treatment:	Cured with special creams, lotions, or shampoos that can be bought at drugstores. Some products require a prescription while others do not (ask the pharmacist for the correct product).
Danger:	None.
Comments:	To prevent getting the disease again, treatment of sex partner is necessary. Further, clothing and bed sheets should be thoroughly cleaned.

SYPHILIS (SIF-i-liss)

Other Names:	Syph, bad blood, the pox.
Organism:	Bacteria: *Treponema pallidum*. Passed by direct contact with infectious sores or rashes.
Incubation:	Ten days to 3 months, with average of 21 days.
Typical Symptoms:	Primary stage: painless chancre (sore) at site of entry of germ, swollen glands. Secondary stage: symptoms usually appear 1 week to 6 months after appearance of chancre and may include rash, patchy hair loss, sore throat, and swollen glands. Primary and secondary sores will go away even without treatment, but the germs continue to spread throughout the body. Latent syphilis: may continue 5-20+ years with no symptoms, but the person is no longer infectious to other people. A pregnant woman can transmit the disease to her unborn child. Late syphilis: varies from no symptoms to indications of damage to body organs such as the brain and heart.
Diagnosis:	Physical examination, microscope slide from sore, blood tests.
Treatment:	Easily cured with antibiotics.
Danger:	Severe damage to nervous system and other body organs possible after many years: heart disease, insanity, brain damage, and severe illness or death of newborns.
Comments:	Symptoms may imitate those of other diseases; damage done to body is permanent; treatment of pregnant women with syphilis is necessary to prevent damage to fetus.

TRICHOMONIASIS (TRIK-uh-moe-NYE-uh-sis)

Other Name:	Trich.
Organism:	Protozoan: *Trichomonas vaginalis*. Usually passed by direct sexual contact. Can be transmitted through contact with wet objects, such as towels, washcloths, and douching equipment.
Incubation:	4 to 20 days, with average being 7 days.
Typical Symptoms:	Many women and most men have no symptoms. Females: white or greenish-yellow odorous discharge; vaginal itching and soreness, painful urination. Males: slight itching of penis, painful urination, clear discharge from penis.
Diagnosis:	Microscopic slide of discharge; culture test; examination.
Treatment:	Curable with an oral medication.
Danger:	Long-term effects in adults not known. There is some evidence that infected individuals are more likely to develop cervical cancer. Babies may become infected.
Comments:	Very common.

PRONOUNCING GLOSSARY

abdominal	(ab-DOM-i-nul). In the belly or stomach area.
bacteria	(bac-TEER-ee-uh). Living, one-celled microorganisms. Some may cause disease while others are beneficial.
case specialist	A person from the STD clinic or health department who provides STD information to patients and who is trained to locate the sexual partners of a person with an STD.
cervix	(SIR-vicks). The lower opening of the uterus (or womb) in the female.
communicable disease	(kom-UNE-ik-ah-bl di-zeez). Diseases that can be passed along from person to person. Caused by bacteria, viruses, and other organisms.
condom	(KON-dom). A rubber cover or sheath worn over the penis. Used during sexual activity to prevent STD and pregnancy.
confidential	(kon-fa-DEN-shul). Secret or private matters; no one else is told.
diagnose	(die-ag-NOS). Identifying which disease a patient has.
discharge	(DIS-charj). The flow of pus from the penis, vagina, anus, or eye.
ectopic pregnancy	(ek-TOP-ik PREG-nun-see). The implantation of a fertilized egg outside of the uterus, usually in the fallopian tube.
fallopian tubes	(fah-LOW-pee-un). A hollow tube through which eggs travel from the ovary to the uterus.
genitals	(JEN-a-tulz). The external sex organs.
immunity	(im-YOON-it-ee). Resistance to a disease.
incubation	(in-kew-BAY-shun). The period between when a person is first exposed to a disease and when the symptoms appear.
infection	(in-FECK-shun). A disease caused by germs, such as viruses and bacteria.
intrauterine device (IUD)	(in-tra-YOU-tur-in). A device placed into the uterus by a doctor to prevent pregnancy.
masturbation	(MASS-tur-BAY-shun). Touching the genitals for sexual pleasure.
minor	(My-nur). A person under the legal age considered to be an adult.
mucous membrane	(MYOO-kus MEM-brain). The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, and rectum.
organism	(ORE-gan-is-m). Any living thing.
ovary	(OH-vuh-ree). One of the two female organs that secrete female hormones and produce ova (eggs).
pelvic inflammatory disease	(PEL-vik in-FLAM-uh-tor-ee di-ZEEZ). An infection in females of the pelvic organs, such as the uterus and fallopian tubes
penis	(PEE-nis). The male sex organ through which urine and semen pass.
prophylactic	(pro-fah-LACK-tick). Preventing or guarding against disease. Also a term used for the condom. (See condom.)

protozoan	(PRO-ta-ZOH-an). A simple one-celled animal that chiefly lives in water. Can be seen only with a microscope.
rectum	(REK-tum). The lowest part of the large intestines.
reportable communicable disease	(re-POR-ta-bl kom-UNE-ik-a-bl di-ZEEZ). A disease that a state requires physicians to report to the health department.
resistant	(ree-ZISS-tant). In reference to disease organisms, the organisms become so strong that some drugs will not destroy them.
sanitation	(san-i-TAY-shun). Protecting health by maintaining conditions free from filth or disease.
sexual abstinence	(SEK-shoo-ul AB-sta-nence). Not having sex with another person.
sexual fidelity	(SEK-shoo-ul Fa-DEL-a-tee). Having sex with one person only.
sexual intercourse	(SEK-shoo-ul IN-ter-course). Sexual union involving the penis in the vagina. The union of the penis and anus (anal intercourse) is considered sexual intercourse by some.
sexually transmitted diseases	(SEK-shoo-ul-ee TRANS-mit-ed di-ZEEZ-es). Diseases most often passed from person to person through sexual contact.
signs	Measured or objective evidence of a disease as determined by a physician.
STD	The initials for "sexually transmitted diseases."
sterility	(stuh-RILL-i-tee). Not being able to become a father or mother because of damaged sex parts.
symptoms	(SIMP-tums). Subjective evidence of an illness. Changes in a person's health that can be seen or felt.
transmitted	(TRANS-mit-ed). Passed along from one person or place to another.
urethritis	(yoor-eeth-RIGHT-us). Infection of the urethra, the tube through which urine passes out of the body.
urinating	(YOOR-i-nate-ing). Passing of urine out of the body through the urethra.
vaccine	(VAK-seen). Weakened or killed disease organisms given to people to prevent an infectious disease.
vagina	(va-JINE-uh). Also called the birth canal. The tube that leads from a woman's uterus (womb) to the outside of her body.
vaginitis	(vag-in-ITE-us). An infection of the vagina, such as gardnerella vaginitis and trichomoniasis.
venereal disease (VD)	(vuh-NEAR-ee-ul di-ZEEZ). A general term describing certain communicable diseases that are transmitted during sexual contact.
virus	(VY-rus). The smallest organism that can cause disease.
wart	(WORT). Raised growth on the skin, usually hard and dry, caused by a virus.
womb	(WOOM). A common term for uterus.

AUTHOR DESCRIPTION

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STD SUMMARY SHEET

Sexually transmitted diseases (STD) are a major health problem. Almost 20 million persons are affected each year. About one-half of STD patients are under the age of 25. Untreated STD can lead to sterility, pelvic inflammtory disease, infant damage, mental illness, and death. Anyone, regardless of sex, race, or social status, can get an STD.

WHAT ARE STD? Scientists now know that many diseases can be passed sexually. Hence, a new term—sexually transmitted diseases—is used instead of venereal diseases. Important STD include AIDS, chlamydial infections, Gardnerella vaginitis, genital herpes, genital warts, gonorrhea, hepatitis, pediculosis pubis, syphilis, and trichomoniasis.

HOW ARE STD SPREAD? STD are caused by germs passed during sexual contact. Some can be transmitted by objects, although this is not common. An infected mother can pass an STD to her child. A person can get the same STD many times.

AVOIDING STD. Not having sex with anyone is the surest way of not getting an STD. Two people having sex with each other only is the next best method. Persons with many partners have the greatest chance of getting an STD. They can reduce their chances of getting an STD by using a condom and avoiding people with STD symptoms or who have many partners. Washing the genitals after sex, urinating after sex, and using a diaphragm with contraceptive foam, cream, or jelly may also help. Persons with different partners, especially females, should have regular STD check-ups.

RECOGNIZING AN STD INFECTION. Persons having sex, especially those with different partners, need to be alert for STD symptoms. The STD symptoms are: (1) genital discharge; (2) abdominal pain; (3) pain during urination; (4) skin changes; (5) genital itching. The symptoms are sometimes hidden. Many females with an STD have no symptoms. For some STD, the symptoms disappear without the disease being treated. But, most STD can be passed when the symptoms are not present. Persons suspecting an STD should stop having sex, go to a doctor, and get partners to a doctor.

SEEKING TREATMENT. Persons who think they might have an STD should not try to diagnose or treat their own condition. Only a doctor can do those things. Most STD can be cured easily and quickly. AIDS and genital herpes cannot be cured. There may be no damage if an STD is treated soon enough. STD treatment is available from: (1) STD clinics; (2) private doctors; (3) family planning clinics; (4) hospitals. A person could call the health department (usually listed with government numbers) to learn where STD treatment is given in his or her city. Or, to learn of the nearest STD clinic, call (for free) the VD National Hotline. Dial 1-800-227-8922 (in California, call 1-800-982-5883; in Alaska and Hawaii call the health department). In every state, minors can get STD treatment without parental consent. Anyone being treated for an STD should follow the doctor's instructions.

GETTING THE PARTNER TO TREATMENT. Persons with an STD should be sure to get their partners to medical care. This is best done by taking the partner to a doctor. The partner can be told in person or over the phone that he or she might be infected. A person can ask the doctor to have the partner informed by an STD case specialist. Lastly, one could write a letter to the partner. To shorten the time, it would be best if one would hand-deliver the note to the partner's mailbox.

The effort of individual persons is the best way of stopping the spread of STD. This is done by being responsible for one's health and the health of any sex partners. A person can also help wipe out STD myths by being a source of accurate STD facts and by being helpful and supportive of a friend who gets an STD.